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"God Bless Us, Every One"

For the year now beginning I can send to Canadian nurses at home and abroad no better than the old Christmas wish of Tiny Tim "God Bless us, Every One." We begin nineteen hundred and forty-five enjoying on the one hand great opportunities and facing on the other many problems. Everywhere nurses are doing necessary work which no one else can do so well. Government funds are available to prepare them for special work. New fields of work are opening up. There is more to be done than there are people to do it. Nonetheless we have been able to supply the necessary nurses for our fighting men and we find them far afield, caring for the wounded in Africa, Sicily, Italy, France, Belgium, Holland. Others of our members accepted for service with UNRRA are going to Albania, Poland, Greece, Yugoslavia — countries to which they probably would never have travelled had they not been nurses. All of this serves to enhance the worth of our professional training. It is because these women are nurses that this foreign service has come their way. Let us not forget it.

Work abroad, however, is no easy thing. Many sacrifices are called for and there are dangers and discomforts which must be faced with continuous courage and determination. The privilege of foreign service also imposes obligations. Overseas nurses have the responsibility of representing Canadian nurses to the people of other countries. Our reputation for good or ill will be established abroad by the impression each of them makes on the group with whom and for whom she works. Nurses for UNRRA are selected not only on a basis of mental ability, education and nursing accomplishment. Emphasis is also placed on flexibility, loyalty, freedom from prejudice and on physical and emotional stamina. With such selection the countries to which our nurses go should think well of Canadian nurses.

The shortage of nurses at home is still acute, yet hospitals and health ser-

vices continue to expand. A study of health insurance plans reveals that much of what is promised to the public is dependent for fulfilment on a very large supply of nurses. Careful planning and sound thinking will be necessary if the supply is to catch up to and keep pace with the demand. A quip in a recent *Reader's Digest* might well apply to nursing — "Just when we think we are going to make ends meet some one shifts the ends." Except during times of depressions the shortage of nurses has always been with us and our present policy regarding preparation does not appear to be increasing the supply sufficiently. In fact it could not — controlled as it is by the size of nurses' residences and with extensions for these the last in hospital building programs instead of the first. Good nurses for all branches of nursing are needed in much larger numbers. This is specially true of bedside nursing which as far as the public is concerned is of utmost importance. What the public wants and needs must be a factor in our planning.

As a group our thinking changes slowly. Like other women we have a stake in the future. Yet we have been slow to change our ways and we have kept aloof from other groups. Some measure of care may be needed if we do not wish to be absorbed by them but a closer association would be of mutual benefit. It is, however, of greater importance for nurses to no longer hold aloof from their professional organizations. There is danger in isolation. There is danger too in being attracted by fine sounding promises. They are easily and freely made and so often result only in disappointment.

Sisters are beginning to return from overseas. As more come back they will bring with them new ideas which we may well study. We may expect them to have an impatience with our unsolved problems but we hope too they will offer practical suggestions for solving them. We are glad that government assistance will be available for the returned Sisters if they wish special preparation. It was not so following the last war when Sisters depended on themselves for their rehabilitation. Already the Canadian Nurses Association, through our post-war planning committee, has undertaken to find out wherein their interest will lie when they return, what type of preparation they wish and where. As soon as this information is complete plans will be underway to take care of the requests.

For the future may we continue to have faith in the work we are doing and faith in those with whom we work. May we see a much larger number of good nurses willing to remain with bedside nursing, looking on it as their specialty and improving their ability to handle skilfully sick bodies and anxious minds. And may our philosophy be that there is no one superior branch of nursing — no one field more important than others — no one 'best' school of nursing and no one province more endowed than others. Let the purpose of nursing be uppermost in our minds.

FANNY MUNROE
President
Canadian Nurses Association.

Preview

What causes thrombosis? Why has blood been classified into different groups? Why is a transfusion of major significance? Dr. J. J. Chesnie has answered these and many similar questions in his description of "Coagulation and Thrombosis" which will appear in February.

The Mental Health of the Nurse

S. R. Laycock, Ph.D.

In the past the choosing of student nurses for nurses' training schools has often been on too narrow a basis. To a large degree a fairly high standard of physical health, a Grade XI or Grade XII diploma, and a certificate of character from a clergyman or school principal have been the main entrance requirements to schools of nursing. It is true that a nurse's work does require a good physique and a capacity to learn the subjects set down in the syllabus of the training course. Mental hygienists, however, are convinced that, given a reasonably good physique, intelligence and academic training, the most important characteristic of a nurse is her personal-stimulus effect on her patients and her capacity to minister to their personality needs as well as their physical needs. There would seem, at present, only one sure way of determining this—to observe the nurse in bedside nursing situations and the actual effect which she has on her patients.

The public (and many nurses) have a very inadequate idea of the importance of bedside nursing. Many folk think of it as a high-grade maid's job—that of bathing patients, making beds, carrying trays, taking temperatures and giving medicine at the prescribed time. It cannot be too strongly emphasized that this is not the case. The above things are important in their place. They are, however, merely a *part of the process of making sick persons well.* The patient is not like an automobile whose cylinder valves need re-grinding or whose spark plug needs adjusting. The patient is not a machine but a *person,* who has not merely a septic throat or a gangrenous appendix or a disordered liver. The patient is a complex living organism with hopes and fears, with emotional needs for affection and security, achievement, recognition and a sense of worth. The handling of these emotional needs and problems is often vitally important in the nurse's job—that of *making sick persons well.* To do her job she needs more than a knowledge of anatomy. She has to understand the nature of human personality and its needs. She has to know how restoration to physical health is intimately tied up with the patient's emotional health. She has to take the major responsibility for the emotional health of the patient. After all, the physician sees the patient only once a day and for a few minutes. Ministering to sick persons and their psychological needs as well as their physical needs is the job of the nurse — often for hours at a time.

How Nurses Affect Patients

In the field of education studies have been made of the effect of the teacher's personality on the behaviour of pupils. It has been found that a tense teacher has tense pupils; a "dithery" and fussy teacher has "dithery" and fussy pupils. A relaxed and unhurried manner in a teacher reflects itself in the ease and calmness with which pupils go about their work. The personal-stimulus value of the teacher is, therefore, of vital concern to all those interested in the education of children. In the field of nursing the same principles apply — often with greater urgency — for persons who are ill are apt to be very sensitive to the words and attitudes of those around them. They can easily become fearful and anxious. They are in the hospital, away from their loved ones, and from familiar surroundings and from their daily routine. All of these things made life secure for them. Now, in a strange situation, in unfamiliar surroundings, separated from

their families and jobs, and suffering physical pain they feel anxious and afraid. Such insecuriy, anxiety and fear have physiological effects. They draw on the patient's physical reserves. They hinder his recovery. It is the task of the bedside nurse to nurse the patient out of fear and anxiety and insecurity. To do this she must supply to her patient security, confidence, relaxation and a will-to-live. How effectively she does this will depend on her own inner resources — on her own soundness or unsoundness of mental health. The mental health of the nurse is often an important factor in the recovery of the patient.

What Makes Nurses Mentally Healthy

Mental health is not a mysterious sort of thing. It depends on the degree to which the individuals concerned have sound patterns of adjustment. Nurses are human beings. Like other humans they have certain basic personality needs which cannot be denied without resultant disaster. The chief of these are the needs for emotional security, independence, achievement, recognition and a sense of personal worth. Heading off mental ill-health in nurses is largely a matter of helping them to find reasonable fulfilment of these needs.

Emotional Security

Next to such basic needs as that for food, every nurse needs to be loved by at least one other human being and to feel that she is a desired and desirable member of a group — family group, friendship group, professional group or community group. All adults have to find reasonable satisfaction for this need for emotional security. Such satisfaction can be found in most complete fashion only in a happy marriage and in happy family life. Emotional security is not usually the major problem of student nurses unless they come from homes where quarrelling on the part of the parents, or inconsistent discipline, or favoritism, or unfair treatment has made them insecure. In that case, the candidate for the school of nursing who exhibits feelings of inadequacy and insecurity should not be admitted unless there is provided a trained personnel worker or counsellor whose duty it is to give help to such individuals. Most student nurses, however, if they have a reasonable family background, find adequate security with their fellow students at the school of nursing. It is when the nurse graduates and does private nursing or becomes a supervisor or instructor that she needs help. Her duties may be exacting or her hours irregular. She may be somewhat isolated from friends and fellow-workers. Very often she does not get married. In that case she is in danger of developing "old-maid" characteristics. Old-maidishness is not confined to the unmarried or to the female sex. It is a name for a set of compensations for feelings of frustration in the realm of emotional security. These compensations are prudishness, fastidiousness, oversensitiveness, fussiness, bossiness, being too-too efficient, cattiness and trouble-making. If the graduate nurse is not going to get married, she has to look squarely in the eye the problem of meeting her need for emotional security. Since this need can be fulfilled focally only in family life, the unmarried nurse must realize that she must find it in a little more diffused fashion. She should not rely merely on her mother or sister or another unmarried nurse. She should have a circle of close friends who are fond of her and on whom she can depend. She should have friends among married couples of her own age. If she accepts the situation in which she finds herself and doesn't feel sensitive about her unmarried state she will be accepted by both partners in the homes of her friends.

Graduation is often too sudden a break for nurses. Having depended en-

tirely on classmates for her emotional security and being too often more or less shut off from normal contacts and friendships in the community the graduate nurse is often at a loss. She is backward in making friends. At least that criticism has been made, rightly or wrongly, of nurses as compared with other professional women. Schools of nursing ought to make possible more opportunities for student nurses to entertain their friends from outside, to act the part of a hostess, and to some degree to participate in social functions on the same basis as those outside the school do. Certainly the private duty nurse, the supervisor, the instructor and the administrator must make sure that their needs for emotional security are met by sound friendships and by reasonable participation in the social life of the community.

Independence

Every human being has a need reasonably to order his own life and to make his own decisions. This is true both of graduate and student nurses. The mental hygienist wonders about the traces of the old-fashioned kind of discipline that still persist in some schools of nursing. Good discipline is essential everywhere in life — on the street, in the theatre, in the church, on the bus — everywhere. But what *is* good discipline? It is merely good ways of living and working together. Furthermore discipline is a problem of social growth. It is the gradual shifting of external authority to internal authority. It is good discipline when there is an increasing amount of self-control and self-direction. The repressive discipline of the old school stifled initiative and resourcefulness — both of which qualities the nurse must have as soon as she graduates, at least, if not during her entire course. It is the business of the school of nursing to develop self-control, self-direction, initiative and resourcefulness. Otherwise the nurse will have difficulty in handling herself when she is put on her own. In addition many student nurses resent the stern discipline of the school of nursing and develop an attitude of resentment towards authority in general.

Achievement Important

All human beings have basic needs for achievement and success. They need to accomplish tasks, to make things and to be creative or at least successful in their undertakings. To keep mentally healthy, nurses must find abundant satisfaction in the accomplishments of work and play. A sense of achievement through one's work is primary. Dorothy Canfield Fisher[1] in a recent book talks about "the vitamin of work". Burnham[2] says the essentials without which a person cannot be mentally healthy are "a task, a plan and freedom." One of Wallin's[3] criteria for mental health is that every individual must have a reasonable enthusiasm for the day's work and the accomplishment of worthwhile life purposes. Certainly it is vital for nurses that they taste the joys of success in the job they are doing. This means that they must continue to study and to grow in the skills and knowledge which will make them highly successful nurses. Refresher courses and graduate work should be made more accessible to them if indeed such courses should not be required for continued professional standing.

In addition to finding achievement through growth in the knowledge and skill of nursing, the nurse must seek to find emotional outlets and self-expression through hobbies and leisure time activities — art, music, literature, and in her choice of the thousand and one forms of community service through which she can share the activities of her fellow citizens. This being a part of the community and carrying one's share of community burdens is highly important for mental health and should not be overlooked. Often the nurse is

too isolated from community enterprises.

Recognition and Personal Worth

Nurses, like other folk, need recognition and a sense of personal worth. They need to feel that their work, their conduct, and their personality merit both the reasonable approval of their peers and others and also come up to their own inner standards. Self-esteem is vital to mental health. The last phrase of "Thou shalt love thy neighbor as thyself" is important. The nurse who feels "tottery" inside, inadequate and insecure is too preoccupied with her own problems to do much for her patients. Neurotic nurses may be high-grade maids but they cannot nurse persons with personality needs. In schools of nursing the old-fashioned type of discipline sometimes tried to make the student nurse feel she was unimportant and insignificant. This is unsound. Giving nurses — student and graduate — real recognition for their achievements, a sense of the high importance of the nurse's job, and a genuine sense of personal worth are vital to their success. Indeed on the staff of instructors in the training school should be a personnel counsellor who would help student nurses to understand their own problems of adjustment and to rid themselves of crippling feelings of inadequacy. A course in the psychology of adjustment, rather than in academic psychology, would help student nurses to understand both their own needs and those of their patients. For graduates there should be a definite policy of in-service education for nurses. Bulletins sent out by the professional bodies should help nurses to face their own needs for finding security, independence, achievement, recognition and a sense of worth and stimulate them to seek ways of satisfying these needs in a wholesome fashion. Perhaps, too, the professional associations could furnish some kind of a counselling and guidance service for graduate nurses which would enable them better to find the goal of mental hygiene — "a condition where each individual gives his best to the world and knows the deep satisfaction of a life richly and fully lived."

Certain it is that only as the nurse — student or graduate — finds rich satisfaction for her own needs will she be able to do that most difficult of tasks — so to minister to the emotional health of the patient that sick *persons* rather than merely sick bodies will become well. Indeed, unless the nurse ministers to the emotional health of her patient and shows skill in seeing that his personality needs are fulfilled she will be relatively ineffective in nursing his sick body back to health.

References

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2 Burnham, W. H., The Wholesome Personality, New York. D. Appleton Century Co.

3 Wallin, J. E. W., Personality Maladjustments and Mental Hygiene, New York. McGraw-Hill Book Co.

Preview

Adequate staff education programs are being recognized more and more as of primary importance in the development of the whole staff in the hospital. Mrs. Edith Pringle analyzed the problem of the "Organization of the Hospital Nursing Staff". Her challenging queries should stimulate considerable thought.

Some Aspects of the Field of Urology

ABRAM I. WILLINSKY, B.A., M.B., F.A.C.S., F.R.C.S.

Although urology is generally regarded as the youngest of the medical specialties, it is in reality the oldest. Historical studies have shown that the first surgical operations ever performed on man were done chiefly on the urogenital tract. Even in the days of Hippocrates the operation of cutting for stone was so well established that its performance was relegated to a special class of practitioners. However, it has only been in the past thirty years that urology has been separated from general surgery and special departments devoted to that branch of medicine created in the larger teaching hospitals.

There is no doubt that the teaching of the nursing procedures peculiar to urology has not been stressed in the past by many hospitals. This may have been due to the fact that during the development of urology, or G.U., as it is colloquially called, it has acquired an unsavory reputation in the nursing schools. The intimate relationship of urology to the sordid aspects of the venereal disease problem has contributed to this misunderstanding. Furthermore, the prudish prejudices associated with the attendance of female nurses on patients suffering with affections of the external male genitalia has caused urology to be set somewhat apart from other branches of medicine and surgery. Moreover, the offensive odours in the older, ill-ventilated urological wards and the primitive methods of hospital care of the incontinent urinous-smelling patient has led many nurses to shun the work as much as possible. In fact, in my student days, the care of urological cases was altogether in the hands of so-called male nurses or trained orderlies — who were, after all is said, graduates of the oldest of Universities — the School of Bitter Experience.

Even though a great part of the actual care of urological cases in many hospitals is still in the hands of male nurses and trained orderlies, the nurse-in-charge is responsible for the care of the patients including supervision and instruction of orderlies. She cannot do this unless she is thoroughly familiar with all the intimate details of the urological work which they are expected to perform.

It was not until 1929 that a special text book devoted exclusively to urological nursing appeared. Since that time, three other works on this subject have been published proving that urological nursing is steadily advancing to its proper place in the nursing curriculum.

It is essential that a nurse doing urological work should have a fairly clear conception of the rudiments of the anatomy and physiology of the genito-urinary system in both the male and female. This will help to increase an understanding of the nursing problems which occur in the urological patient.

One of the great advances in the management of the urological patient has resulted from an increase of our knowledge of the physiology of water balance. It is a well-known fact that water is more essential for the well-being of the human organism than any other substance. It has been shown that a complete balance between available and excretory water results in maintaining the water content of the body at a fairly constant level. It is, therefore, essential that one shoud know something of the elementary principles underlying the mechanism of water exchange in healthy individuals before considering

the fluid requirement of the sick individual.

Let us first consider the physiological processes of water excretion in the human. For practical purposes, only two main routes need be considered — the kidneys on the one hand and the skin and lungs on the other. The quantity of water lost in the stools is relatively insignificant and only in pathological bowel states does it play any part in the excretory side of water metabolism.

Let us now examine the important role of the lungs and skin in the question of water loss. The method of water disposal by the lungs and skin is by the process of vaporization. This vaporization plays a very important part in heat regulation and the control of body temperature. Vaporization is a steady process because at every expiration there is a definite loss of fluid in the expired air and there is continuous evaporation from the skin for there is always moisture present on the surface of the body. The estimated amount of water lost by the skin and lungs by vaporization in the normal individual, under normal conditions, is about 1500 cc. However, under abnormal conditions, such as hyperpyrexia or high environmental temperatures, this loss may go as high as 2000 cc.

One of the remarkable physiological facts is that this vaporization loss is not dependant upon the amount of the individual's water intake since the temperature regulating mechanism of the body demands at all times a constant amount of fluid regardless of the available supply. When an individual is deprived of all fluids for a considerable period the loss of water by continuous vaporization still goes on leading to dehydration of the body. The kidneys recognize, so to speak, the priority of the process of vaporization and cease excreting urine. In other words, the process of vaporization is a preferential process and must go on whether there is available fluid or not.

This brings us to a discussion of excretion of fluids by the kidneys. In the normal individual, the kidneys excrete daily about 35 gms. of waste material, dissolved in from 500 to 1500 cc. of fluid. This variability depends upon the normal concentrating capacity of the kidneys and the available water in the body. It certainly requires less work on the part of the kidneys to excrete 35 gms. of material dissolved in 1500 cc. than it does dissolved in 500 cc. of fluid. In other words, 1500 cc. is the optimal figure for urinary excretion.

The normal individual under average conditions should have available from fluids and food at least 3000 cc. of water so as to have 1500 cc. for his vaporization requirements and 1500 cc. for the solution of urinary waste material. These figures are only applicable, of course, to the healthy, not the sick. Patients who have accumulated waste products need correspondingly larger amounts of fluid for urinary excretion. This is particularly true of patients in whom the concentrating ability of the kidneys has been impaired by disease. The patient with impairment of renal function needs not only a minimum output of 1500 cc. for his daily excretion of waste but must of necessity have an output considerably in excess of this amount if he is expected to lower an elevated level of blood nitrogen. It is, therefore, apparent that the urological patient who has an elevated blood nitrogen must continue to put out urine considerably in excess of 1500 cc. in order to lower the blood nitrogen level.

In no department of medicine or surgery is it more essential for the nursing staff to measure the intake and output of fluids than in urology. It must be incorporated in the patient's record so that the water balance can be properly calculated. Not only must food and fluids taken by the patient be recorded but also the amount of vo-

mited materials and other abnormal losses, and also a relative estimate made of the degree of sweating. In considering available water for the urological patient one must remember that the 1000 to 1500 cc. which are available from the food of a normal diet may, because of diet restrictions or other reasons, be entirely lacking. In some cases as much as 6000 cc. of parenterally administered fluid may be necessary to produce 1500 cc. of urine daily. From these statements one can appreciate that in no field of surgery is a study of water balance more essential than in urology.

In the past decade there have been several important advances in urological surgery. Probably the most striking has been in the surgery of prostatic obstruction. The substitution of the closed method for the open type of prostatectomy has indeed solved many nursing problems. Electro-resection of the prostate gland, as practised to-day, has lowered not only the mortality rate but has also simplified the nursing care. Another advance is the standardization of spinal anesthesia for urological procedures. In most clinics to-day it is recognized as the anesthesia of choice.

With the great increase in the armamentarium of the urologist, urologic procedures have become more complicated; so much so, that it is impossible in this article to go into many details. Before closing, I would like to pay my tribute to the various manufacturers of urological equipment whose accomplishment in the development of newer instruments of precision has been indeed remarkable. Improved methods of manufacturing have enabled them to produce catheters of superlative characteristics. The sterilization of the woven ureteral catheter is no longer a problem. The boiling or autoclaving of the American-made woven catheter does not cause them to deteriorate, they do not become flabby or sticky and they will retain their original degree of rigidity upon cooling — a statement which never could be said of the prewar continental-made catheter.

Training Storks for Alberta

BARBARA EBEN

Our course in advanced practical obstetrics was the answer to a very definite need within our own province. This need has been felt more acutely in the past few years as the district nursing staff has been greatly enlarged, and it has not been possible for our nurses to go to the British Isles and other places for courses in midwifery. The actual planning of the course was done by Miss Helen McArthur, Acting Director of the School of Nursing of the University of Alberta, Dr. J. R. Vant, Professor of Obstetrics, and myself as Instructor in Obstetrics. Miss McArthur and I both have had experience as district nurses. Dr. Vant, like most of our medical men, is familiar with the district nurses and their work.

We are not setting out to train midwives, but rather to give our district nurses a training that will equip them to handle maternity work in the remote parts of the province wherever they may serve. The preparation for this work includes considerably more instruction than is usually given to nurses in this country. In addition to antepartum and postpartum care designed to minimize loss of health occasioned by childbearing, these nurses must also learn to recognize and treat minor disorders, to determine which cases require hospital delivery and to get them out to a hospital before the onset of labour; this may

mean taking them a very great distance. Then they must learn to deliver the normal cases in the home, and, since there may be complications in delivery which cannot be foreseen, they must learn how to handle these.

We limited our first class to six in order to be able to give the detailed personal instruction that such a course requires. Actually we had only four students. The course was open to district nurses, or to nurses who would be acceptable as such. This year, realizing that nurses in charge of small hospitals are being obliged on occasion to deliver cases in the absence of the doctor, we are opening our enrolment to any nurse who can demonstrate her need of such a course. As all of our students have had at least three months maternity work in the course of their general training, and as most of them have had considerable experience in maternity work since, we felt that they should be able to cover the ground adequately in three months. I had felt very definitely, following my six months course with the Central Midwives Board in Edinburgh that, excellent as it was, I could have derived equal benefit from a three-months course from which the bedmaking, bedpans, and other tasks not part of a new learning experience had been eliminated. This was the impression of other nurses who had taken similar courses after training and experience in maternity nursing.

The first two months were spent in instruction in classroom and hospitals. Dr. Vant gave three hours lectures each week. The students taking their final year in public health nursing received these lectures too. They were quite the best lectures on obstetrics that I have heard given to nurses; always practical and to the point and never above the heads of the students. In addition to what might be called "straight obstetrics", he dealt with such subjects as abortions, displacements of the uterus, vaginal discharges, the menopause and other gynaecological conditions. And always he taught from the angle of the prevention of disabilities caused by child-bearing. Dr. Margaret Hutton, assistant to Dr. Vant, gave mannikin practice to the four students. This covered practice in all the mechanisms of labour, demonstrated by each student with a foetus and the mannikin mother. They diagnosed the position of the foetus, put it through its various movements, and then delivered it. Pelvimetry they learnt on actual antepartum patients, and had some good classes on repair of episiotomy and lacerations, and on chloroform anaesthesia. (As the district nurses have to work at night with open coal oil or gasoline lamps, ether is out of the question, and the anaesthetic used is a few inhalations of chloroform in the second stage). Dr. D. B. Leitch, Professor of Paediatrics, gave three lectures on care of the newborn and premature infant, and the treatment of various disorders.

Since there were very few maternity patients in our out-door clinic, the obstetricians were kind enough to allow our students to attend their office examinations. Each student spent every afternoon for two weeks in a doctor's office, and all were most enthusiastic about the value of this experience.

My classroom teaching was a matter of covering the whole field, partly in review, filling in various gaps, drilling the students on such points as measurements of the pelvis, measurements of the foetal skull, and the nursing aspects of maternity care. Needless to say, with only four students each class was an open forum.

Three days a week the students spent in the two teaching hospitals observing. This did not mean that they stood about idle. They wore hospital uniforms and went on duty in the case rooms. We felt that they profited more by attending a patient during several hours of labour and then assisting at her delivery, than by arriving in the case

room just in time to witness a delivery. Accordingly we urged them to follow a case through, even if it meant staying on duty in the evening. This they did, and then when the case rooms ran into a slack spell, I went to the hospitals and we made rounds among the antepartum patients who seemed not to mind the students' attempts to diagnose foetal positions. We always explained to the patient that these were nurses who worked far out in the country where there were no doctors, and that they were taking a special course in maternity work, and the patients invariably appeared pleased to be able to help us. The doctors, who have never failed us district nurses, taught as they delivered, and were always ready to explain and to answer questions. The nursing supervisors of the maternity wards were very good in checking the students' rectal examinations. The students wrote detailed studies of each of their cases and followed up the progress of mother and child during the stay in hospital. These case studies followed an outline designed to teach the student what to observe, and much benefit was derived.

Finding sufficient cases was our greatest difficulty. In Edmonton, there are large classes of medical students requiring all the case material they can get. One institution was able to provide us with excellent antepartum material and a few cases. In their final month, the students went out into some of our own district nursing centres where a number of cases were booked. For these four particular students who had already had considerable experience before entering for the course the number of cases obtained was felt to be fairly adequate, but in a more mixed group of students it might not be. We would like to see each student deliver, under supervision, twenty cases which she has attended during labour and will be able to observe during the puerperium. We believe we shall be able to establish this for the next group.

We are looking forward to our next class, and to building up on the foundation which is laid.

Growing Old Gracefully

GEORGE S. YOUNG, M.D.

According to recent American statistics life expectancy at the beginning of this century was forty-seven years, whereas now it is sixty-three. In 1900 about 17 per cent of the population had passed the age of forty-five while in 1942 the survivals beyond that age had risen to 26 per cent. It can be estimated on the basis of these figures that in another forty years about 40 per cent of our living citizens will be at least forty-five years old. Of course old age does not begin at forty-five but the present rapid advance in life expectancy indicates that old age will require more attention than it has had in the past.

Old age has a right to complete financial security and legislation is moving in that direction. And yet to be entirely dependent on the state is not satisfactory as long as one can do even a limited amount of work. So far, governments have been slow to recognize that there is such a thing as *partial* disability. In view of the increasing prevalence of old age our legislators may have to provide opportunities for light employment of the older members of the community who otherwise would have no chance in a competitive labour market.

From the beginning of history there has been diversity of opinion as to the

desirability of attaining old age. On the one hand we have such sentiments as "Let my Lord King live forever" and "Grow old along with me, the best is yet to be". On the other hand there is Cicero admitting in the first sentence of his treatise on old age that alleviation of its discomforts is all that can be hoped for. "Everyone," said Talleyrand, "wants to live long but no one wants to be old." As the experts differ on this question it seems better to fall back on certain facts. In their declining years some people do enjoy life thoroughly. Even though more or less disabled physically, they may be useful and influential. It is worthwhile to search for their secret before age gets the better of us.

Unquestionably heredity plays a large part in determining longevity and in shaping the progress and direction of the aging process. While nothing can be done now to improve our ancestors, we have some responsibility in regard to those who may come after us. Infections especially if prolonged may hasten the coming of old age, but science is gradually bringing them under control.

Physical changes come inevitably with the passing of the years and they come sooner to some than to others. Many are physically old at fifty while a few are young at seventy. As a rule the mind does not grow old as quickly as the body. In the span of life a point or rather a plateau is reached where physical development has attained its highest level. Fortunately the mind may continue to increase in power long after physical decline has begun and it is common to find a vigorous intellect in an aging body.

Usually the first sign of approaching old age is seen in the skin. Its elastic fibres begin to lose some of their former elasticity; wrinkles are on the way. Then come thinning of the skin and wasting of subcutaneous tissues. The protective body surface is now more vulnerable. Pigmented areas may appear on the skin. Ancient moles may increase in size. The open season for cutaneous cancer has arrived. When old age is well advanced the bones lose some of their substance, become brittle and break easily. Joints and ligaments stiffen and muscles waste. The machinery of locomotion does not work so well now. Almost as important is the slowing down of the reactions of the nervous system. Reflex action is retarded. Old age cannot meet emergencies quickly and falls a prey to the icy sidewalk, the motor car, the edge of a rug or even to the indecision of its own fears.

And so old age should have protection. But how? Certainly not by prohibitions or nagging. Many old people like to think they are independent. If they are to be curbed at all it must be done by strategy. Even then they may get real enjoyment out of living dangerously. Diplomacy will be more effective if it has a background of respect for the aged. This used to be taught in early life and possibly was carried to an extreme. Now the pendulum has swung too far in the other direction. Or is it merely that respect for age has been replaced by a spirit of comradeship? At any rate diplomacy becomes a fine art in dealing with people who are growing old but who pride themselves on their physical fitness. Such cases are often managed best by the family doctor who can emphasize the folly of — say, playing badminton after the age of fifty.

With advancing life degenerative changes occur in the cardiovascular system. In people who live by physical exertion the large arteries may stiffen and thicken fairly early. For example the radial artery at the wrist may be tortuous and hard. However, this is not serious as compared with changes in the small vessels, changes which are not necessarily the result of physical work. They may depend on the general aging process perhaps hurried on by the kind of inherited material in the vessel wall, by intercurrent infections

or by years of hypertension. Such changes are most serious in two vital centres—the brain and the heart. Hence stroke and coronary occlusion occur frequently in old people, although these arterial accidents may happen at a comparatively early period from what seems to be a local vascular disease.

The aging body is not very sensitive and is slow in revealing the existence of disease. Obviously periodic medical examinations is just as necessary here as in other periods of life. Diabetes and pernicious anemia are easily overlooked and yet as a rule they are readily controlled if discovered early. Cancer of the skin is almost invariably cured if taken in time. Old men may have chronic urinary infection and even progressive distension of the bladder for a long time before realizing that there is something seriously wrong. As a rule the aged should have all the assurance possible even when the outlook is grave. The relatives should know the truth, but the patient may be spared frank statements. Life means nothing when hope is gone and even old people generally shrink from death.

There is no particular diet for old age. It should include essentials such as raw fruit or fruit juices, greens, vegetables and milk. Changes, however, in dietetic habits should not be made without some definite reason. Certain cravings may occur in old people, for example, for salt, and should be investigated but not necessarily curbed. Usually gain in weight should be avoided. A daily walk is advisable as a general rule but it should not be long enough to tire or to cause dyspnea. A rest during the day is helpful. Old people become bed-ridden easily and even during illness may often sit in a chair for short periods with benefit. Of course a failing heart makes absolute rest imperative.

The care of the aged often presents a serious problem to the family. There may be physical or mental infirmities which make it impossible to leave them alone in the house. Elderly people may develop whims and emotionalism which make them hard to manage. They demand constant service and are not satisfied even with the most devoted attention. Only too often the burden falls on a single member of the family—generally a daughter. In assuming this burden she may serve uncomplainingly for years and give up her prospects in life. The sacrifice is too great. In many cases the parent would be just as comfortable and perhaps more contented in a home for the aged.

Search for the secret of the ideal old age takes us back to the earlier periods of life. Is there anything in prophylaxis? George Vincent once said that doctors should "train" people for old age. Perhaps he was expecting too much from the doctors. Like all teachers they may advise but people must rule their own lives and do their own training. Here are some rules.

Start at the age of accountability — whenever that is. Take stock of the physical and mental capital your ancestors have given you and decide how much you can accomplish without marring or shortening your life. Avoid the yearning to do as much as somebody else who has more capital. Take the best possible care of your body. Of course you will eat moderately of the proper foods, get an adequate amount of rest and sleep, take liberal doses of the cheapest of all medicines—fresh air and sunshine, and indulge in some daily physical exercise if it is not included in your work.

There is a widespread opinion that mental overwork is a cause of early breakdown. The fact is that the mind (or brain if you like) is almost tireless if used in the right way. Specialists whether in business, in the professions or in science may become exhausted after prolonged and intensive work, but there are other mental compartments ready. It is merely a matter of turning the

key on the old interest and finding a new one. The moral is that people can overcome mental fatigue by having more than one interest. Many men when advised to retire will say, "Impossible. I would not know what to do with myself." They have gone through life on a single track and know no other. Life stops for them if there is nothing left but a siding. The bearing of this on advanced life is clear. Cultivate a diversity of interests during the active period so that something will be left to play with in old age.

All mental activity is accompanied by a feeling of either comfort or discomfort although it may be so slight as to escape notice. If it is an unpleasant feeling and rises to the level of worry, anxiety or fear, the smooth working of the mental machinery is impaired. More effort is required and fatigue comes quickly. It must be admitted that worry represents the individual's own personal reactions to his problems. Some one else might face similar problems without being unduly disturbed. This brings us dangerously close to the consideration of a philosophy of life and discretion demands a retreat. But what has this to do with old age? Just this. Like other reactions worry easily becomes a habit. If the habit is formed in the active period of life it is very likely to become accentuated in the declining years. Then the victim suffers and so does his family.

Our groping for the secret seems to have carried us to this point. The usefulness and enjoyment of old age is not affected so much by its physical disabilities as by the mental and emotional life which has preceded it. Perhaps the following prescription might be offered. In early life cultivate the virtue of equanimity. Look for the humorous side of every difficult problem. Regard life as a game to be played mostly for the benefit of others rather than as a battle for your own gain. Avoid worry as you would the plague. While you will not be able to avoid the unpleasant you should always be alive to the beauty which is all around you. And in this world of beautiful things you should find one or more interests in preparation for further pursuit in old age. As infirmities and discomforts come, treat them as lightly as possible and discuss them only with your doctor or your nurse. Either one of them can preach better than practise.

Previews

During the past few years, nurses have been called upon to assume numerous duties and to make various decisions which formerly were the responsibility of the doctor. Serious thought has seldom been given to the legality of her acceptance of this necessity which circumstance had forced upon her. The very enlightening and thought-provoking discussion of this topic by Dr. Trenholm L. Fisher focusses our attention on the legal responsibilities of the nurse, where her privileges begin and end, in the eyes of the law. Watch for the stimulating article "Legal Responsibilities and Privileges" in February.

In our consideration of mental health, what thought do we give to the well-being of those less fortunate children whose intelligence is below normal? What assistance can be given them in making better adjustment to every-day living? Mrs. Selena Henderson has outlined some of the developments in her article "The Value of Mental Hygiene in the School" and illustrates her points with interesting case studies.

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

The Administration and the Head Nurse

H. Evelyn Mallory

I have just finished reading Miss Penhale's very excellent article in the October issue of *The Canadian Nurse*, and as a result, am suddenly possessed of the urge to burst into print myself! Perhaps what I have to say will be just another way of repeating the thoughts put forward by Miss Penhale — if so it will at least serve to add emphasis.

There can surely be no thinking person in the nursing world today who would not agree that no matter how excellent the classroom teaching or how good the educational program from a theoretical standpoint, the kind of nurse who is graduated from the school of nursing depends to a large extent upon the quality of her experiences in the wards and departments of the hospital. It is in the ward and at the bedside of the patient that the student nurse learns nursing. This thought has been expressed time and again at conventions, in our professional journals, and in our "off duty" conversations (Oh, very much so!). But I wonder if we have yet made the correct diagnosis or found the solution to the problem? Personally I believe that the real difficulty is expressed in one sentence of Miss Penhale's article: "An additional problem is that of giving the head nurse recognition for her work". If we could solve that problem, then I think most of the related difficulties would disappear.

In the three years that I have been associated with young graduate nurses who are preparing themselves for "teaching and supervision in schools of nursing", I have found that the great majority of them become very quickly aware of and keenly interested in the potentialities of the position of head nurse. That is the position which really appeals to them most, as undoubtedly offering the greatest challenge and presenting the greatest opportunity for satisfying work. The head nurse maintains her *contact with patients*, something that every true nurse enjoys, and that those of us who lose it miss greatly. The head nurse has *opportunity to demonstrate administrative ability*, and to be able to keep a busy ward running smoothly requires real managerial skill! The ward presents the *ideal setting for teaching* in that it provides opportunity to give help and guidance to students at the time when they need it in actual practice as contrasted to the artificial situation found in the classroom. Where, in the whole set-up of the school of nursing, could you find a position with greater possibilities?

As I see it, the major difficulty lies in failure to recognize and to put sufficient emphasis on the fact that the head nurse carries a dual position in the same sense that the superintendent of nurses does. It has taken us many years

to achieve administrative recognition of the fact that the superintendent of nurses (in any hospital maintaining a school of nursing) should be as well qualified for her educational responsibilities to the school of nursing as for her administrative functions in relation to the nursing service. How many more years is it going to take to achieve a similar viewpoint in relation to the work of the head nurse? Both carry the same responsibilities, the difference being only a matter of degree, or of the area over which they have jurisdiction! The superintendent of nurses is responsible for the nursng care of all patients in the hospital, and at the same time for ensuring for every student nurse the educational experiences which she needs to prepare her for the practice of professional nursing. In like manner, the head nurse, because of the responsibility and authority delegated to her, carries responsibility for the nursing care of all patients in her unit and for providing student nurses with the educational experiences that are available there. If this latter responsibility is to be met adequately then the head nurse must have (1) preparation and (2) time for that phase of her work. Until these two essentials are fully recognized by the administration the objective of satisfactory ward teaching cannot be attained.

From an administrative standpoint, what does recognition of these two essentials actually mean? It means several things, but most important is recognition of the fact that the head nurse should have special preparation for her work. To give intellectual agreement to this statement is not sufficient. Real acceptance of the principle means that the administration will work toward the objective of employing as head nurses only those persons who have the desired qualifications. Obviously this would necessitate payment of better salaries than are paid head nurses at the present time. Ability to teach is just as essential for the head nurse as it is for the person who is going to teach in the classroom. In fact, the head nurse might almost be said to need a broader preparation, for it is she who must help the student integrate her learnings in all other subjects (Anatomy and Physiology, Bacteriology, Materia Medica, Medical Nursing, etc.) and focus them on the nursing care of the patient. If this be true then it is in the ward that we should have our very best teachers! Until those employing head nurses are prepared to insist on qualified head nurses and to pay adequate salaries to obtain them, we shall not achieve really effective learning in the ward — the only place that the student can learn to give good nursing care.

Administrative adherence to this principle means also that the head nurse should receive full recognition as an important member of the teaching staff of the school of nursing. She holds a key position when it comes to judging the effectiveness of our educational program. She sees the student (and the graduate nurse!) in action and should, therefore, be able to point out weaknesses as no one else can. Because she, of all members of the teaching staff, is the one who is in closest contact with patients, she should be able to make very worthwhile suggestions for the improvement of techniques and procedures. However, she can only meet these responsibilities in a satisfactory manner if her own education and experience have been such as to enable her to do so.

I do not believe that the *clinical instructor*, as we know her today, is the most effective means of meeting the need for ward teaching. That she is a very valuable person and can improve considerably the educational quality of student experiences is undoubted, but her present position should, I believe, be regarded as a temporary expedient — a "stop-gap" until such time as we are able to place as head nurse on each of our teaching wards, a person with the qualifications of our present clinical instructors. You will say that nurses so qualified are not at present available in

sufficient numbers, and I will have to agree with you — but *they never will be available until there is greater demand for them!* As soon as employers insist on special preparation for the position of head nurse, I am convinced that the supply will increase rapidly, for, given the opportunity to develop its potentialities, there can be no more attractive and satisfying position.

Reasons for failure to demand qualified head nurses are no doubt largely economic. Head nurses who have prepared themselves for the position through post-graduate work should, of course, be paid higher salaries than those with no special preparation, a fact that to date has not been fully recognized. But might not increased expenditure for better prepared personnel be offset by more satisfactory and efficient performance? A head nurse who understands and is able to apply effectively, sound principles of management and supervision should succeed in the long run in obtaining better results. She would know the importance of providing for satisfaction and growth of the worker and the methods to use to obtain these objectives, which should result in a greater degree of stability in the graduate nurse staff and in the sub-staff. A high turnover of personnel is never sound economy. Her understanding of what constitutes effective supervision should make possible greater efficiency, fewer errors and omissions, better nursed and, therefore, better satisfied patients. She would have a broader understanding of the objectives of nursing education and of the importance of her own contribution to it. She would know that nursing care can never be any better than our nursing education and that the ultimate aim of nursing education is ever-better care of the patient. Knowing all these things she would strive constantly to provide the student nurse with that type of experience that teaches her to focus all her knowledge and skill on the welfare of the patient. Better patient care would inevitably result. Further, and which is extremely important, the head nurse would have developed within herself and would strive to develop within her students that respect for the personality of both patient and worker (be she graduate nurse, student nurse, or ward maid) that is so essential for harmonious working relationships.

Administrative recognition of the need for qualified head nurses also implies acceptance of the fact that the teaching responsibilities of the head nurse (in any hospital that operates a school of nursing) are equally as important as the administrative responsibilities, and require equally as much time if they are to be met in a satisfactory manner. More often than not we find the head nurse so submerged by her administrative duties that she has no time at all for the important functions of supervision and teaching. Recently a group of post-graduate students reporting on observational visits to a variety of head nurse units included in their reports, statements to this effect: "So often head nurses said they had no time for teaching, but I feel that if they were really interested they could make time by delegating many of their administrative and clerical duties to the assistant, leaving themselves free to supervise and help the students at a time when such help and supervision are most needed. Another advantage of doing this would be that the increased responsibility would make the assistant's work more interesting to her."

So often we find that the cheapest article is rarely the most economical in the long run. This principle may apply to the purchase of head nurse service for our wards just as truly as it applies to the purchase of other commodities! Why not give a fair trial to the article which, though it has a greater initial cost, may give greater value and so in the long run prove most economical? Furthermore, we should never lose sight of the fact that any hopsital deciding to operate a school of nursing does by that very decision indicate acceptance

of the responsibility of providing education for its students. Education can never be cheap if it is to be of the quality necessary to meet the needs of present day society.

There is another aspect of this problem that I would like to emphasize. The field of public health nursing is an ever-expanding one with tremendous attraction for the young graduate nurse of today. More and more of our nurses are being drawn into this field, and rightly so, since there is great need for their services. However, public health nursing as a specialty *is built on the foundation laid by the basic course*. Unless we take steps to make the field of nursing education equally as attractive as that of public health, and thereby draw into it some of our best material, the quality of the basic course is in danger of deterioration and with it the quality of nursing service in all fields.

To Summarize:

There is no more important position in the whole field of nursing than that of the head nurse, important equally to the patient, the student and the nursing profession.

There could be no more attractive position were its potentialities fully developed.

To meet the responsibilities of her position adequately the head nurse must have:

1. Special preparation for her work — the kind of preparation now required of the "clinical instructor".

2. Time for supervisory and teaching activities; time, the achievement of which is to some extent a matter of effective management.

To obtain head nurses with the necessary qualifications the administration must be prepared:

1. To demand special preparation for the position. Demand will increase the supply.

2. To improve the status and dignity of the position of head nurse by according her full recognition as an important member of the teaching staff.

3. To pay salaries commensurate with the preparation required and the dignity of the position.

4. To recognize the fact that supervisory and teaching activities take time, but that time so spent pays dividends in the form of better nursing service through better nursing education.

A Central Nurse Placement Service

Establishment of a central bureau for placement of nurses and counseling was approved by the Board of Directors of the American Nurses Association at its meeting in September, 1944, as a result of a study of Nurse Placement Service in Chicago, conducted this past year by the ANA to determine the feasibility of conducting a national central placement service.

The plan calls for close co-operation with nurses professional registries already established throughout the country. It provides for the conversion of five or six selected registries into regional demonstration centres which may serve as practice fields too, for nurses enrolled in counseling and professional guidance programs in colleges and universities.

The general plan, for which details have not yet been worked out, was presented at the conference for Registrars of Nurses Professional Registries conducted by the American Nurses Association in St. Louis, Missouri, November 1-4, 1944.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

Changing Emphasis in Supervision in Public Health Nursing

MILDRED I. WALKER

Every nurse has experienced some form of supervision. If this were a class discussion period, the reader might be requested to give her concept of supervision, its definition, philosophy, aim, and methods of improving its effectiveness in public health nursing. On the basis of an inventory of the advantages and disadvantages of supervision as applied to her own situation, she might evaluate better the contribution made to the form of supervision prevalent through the various articles on supervision in public health nursing which have appeared on this page of the *Journal* today. It has been built up over the years by suggestions and conferences within organized groups. Further criticisms and suggestions will be welcomed as this will assist us to secure better supervision in public health nursing in Canada. It may also bring about more and larger conferences on supervision leading to a better co-ordination and understanding of all nursing services.

Supervision as defined in the dictionaries implies authoritative direction. It is described as the act of overseeing; inspection; superintendence; oversight. A change in meaning has developed in our use of the term as applied to supervision in public health nursing. Supervision is now considered as guidance, the aim of which is to promote increasing growth in those supervised. To practice the principles of guidance most effectively one must be truly democratic. The entire staff must confer, participate, and share in this democratic process. Each must be encouraged and guided to contribute on her own level — emotional, intellectual, and social. Out of this the best intelligence will emerge and group action will follow.

In public health nursing, there is a high quality of interaction so there must be intelligent guidance. The former type of authoritarian, autocratic or traditional supervision is sometimes referred to as "the old school". It has become outmoded, but there are still those in the position to guide or supervise who are authoritarian or dictatorial in method. The traditional method is not acceptable in our present democratic community service where supervision includes the director who guides the administrative program, the supervisors who guide the staff, and the staff who carry public health nursing service to the family. Here, too, guidance is given to assist both the family as a unit, and the individual, to attain and maintain self-dependence and healthful living. To reach this end there must be group action of the whole staff, because the con-

tribution of each is equally important to the smooth functioning of a well-integrated program of community service. The traditional or authoritarian process is subjective and follows the dictates of one person whereas the democratic process is objective, and is based on the contribution of the group as a whole in relation to the total situation. True, there has to be leadership, but it must be creative and purposeful, to meet the ideals of democratic thinking.

A second change is from emphasis on efficiency as such to professional growth. Emphasis on efficiency alone has a finality which does not permit growth. Life is an on going activity, a continuous process of development, that is, the process of becoming more capable, more skilled through performance. Efficiency alone implies a state which the individual may reach, a finality beyond which one does not go. It should be considered as a means to an end because efficiency plus growth, indicates the level of her professional activity according to the education and experience of the nurse. There is a rate and degree of growth peculiar to each individual. Some nurses with twenty years of experience may not have grown as much as others with five years of experience. The type of experience must be considered. One nurse who might fill a page with a list of her experiences, may not have stayed long enough anywhere to grow professionally. The professional experiences of the nurse must indicate professional growth and achievement. Each nurse must be autocritical. She must learn to evaluate her own experience, and must recognize her assets as well as the places where she needs further to lift her level of effectiveness. If she does not receive the promotion she has hoped for, she should ask herself why. It may be she is not in a democratic situation or it may be she is not contributing to the best of her ability and knowledge. Since life is a process of continuous growth, there must be some way in which she can improve, otherwise there is a feeling of finality and no further growth. Therefore, the nurse must continually appraise all the factors in her specific situation. In one's family, one is accepted as a personality, as a part of the whole; in the work group or the play group one is accepted for the contribution one makes. We possess security in the group because we belong, and we belong because we contribute. Therefore the nurse must evaluate her contribution to the group in public health nursing. Make it the best she can according to her abilities and she will find satisfaction in this achievement. The result will be more than efficiency, it will be professional growth.

The third change is from a negative emphasis on the individual and isolated personality traits to the consideration of the whole personality pattern in relation to the situation. It must be measured in terms of the level of emotional adulthood developed by the public health nurse. Personality traits must be related to performance in a variety of situations and are of no value if isolated. To report, for instance, that a nurse has had three emotional outbursts, or to say that a nurse has a pleasing personality, does not mean much unless you know the reasons for the emotional outburst, or have a basis for estimating what is meant by a pleasing personality. Both nurses may be in an autocratic social climate where the response of the one is rebellion and the other submission. In both cases there must be a level of adult behaviour against which they can be measured. It is impossible here to outline the characteristics of adult behaviour in relation to public health nursing but a subsequent article in the *Journal* will attempt to do this. The aim in analyzing the total individual is to guide her in developing and maintaining a wholesome, well-integrated personality so she may give fully of her abilities in guiding others to healthful living.

A fourth change of emphasis is on the performance of the individual ra-

ther than on her personality. Educators realize too much emphasis has been placed on personality at the expense of performance. It is true one's personality is reflected in one's activities, but any appraisal of performance includes an estimate of the ability to perform as well as the manner in which the performance is accomplished. If the appraisal is completely objective it creates little difficulty in supervision. Though personality is an innate part of the nurse and she controls it, her ability and her work are the products to which the agency has a claim. The actual work is a more tangible thing to measure than personality. Through improvement of performance will come the sense of achievement which is so essential to the full development of a wholesome personality. In the former emphasis on personality, too often the supervisor stressed the weaknesses of the nurse rather than her strong points. The story is told of the cook who was applying for a job. The mistress said to her "Your references say you are tardy, indolent and untidy". The cook said "Is that all! Nothing about my puff pastry?" It will make supervision so much more pertinent if we point out where the nurse has been successful as well as noting where she can improve her performance. Accept what is good teaching in a home visit on nutrition, and then go on to indicate where she can improve her teaching in the next visit to that family so that she may lift her levels of effectiveness in health education. Every individual must know achievement, otherwise there will be a feeling of frustration. Continued frustration leads to disintegration of personality.

The fifth change of emphasis is from individualized effort on the part of the director or the supervisor to group action on the part of all. The supervisor guides and sets the social climate in the situation but each worker must have a feeling of belonging to the group, that she has something to contribute and that her contribution to the group is essential. Out of coherent, well-integrated group-planning, with democratic leadership, will come performance which will be positive, uplifting and integrating. Through this process, the group and the individuals within it grow in stature. When individuals withhold their active interest, they do not grow or know the enrichment of personality, and the joy of achievement which will be reflected by the staff as a whole in their service to the family and the community. A fine example of group effort or democratic leadership was seen in the picture "Desert Victory". You will remember that the chiefs made their plans which in turn were relayed to the men and discussed down through the ranks. All felt that they were a part of the great plan; they had that feeling of belonging, as well as understanding what was to be done. It has been stated that the morale of that desert army was one of the highest in the world. If democratic leadership could prevail under such circumstances and united action result, surely it is not too much to expect in all nursing situations a democratic social climate which results from this form of leadership.

Finally, public health nurses need to be aware of changing emphasis in general education and incorporate it into their own field. Formerly, education stressed competitive living and the result was the failure of an increasing number of individuals who could not compete in the mad scramble for wealth and luxuries. It is realized now that if the future is to be free from war, we must educate for co-operative living where all, from the moron to the genius, will know the joy of achievement, in a society geared for each and everyone to make his contribution on the level where he can accomplish most. Nursing education has stressed far too much the competitive spirit, where the failures of the nurse were enlarged upon and her successes minimized. Too often students have stated that they were told where they were wrong but not

told when they had been right. The emphasis should be on picking out the satisfactory parts of any performance, and then deciding with the nurse what methods will help her to improve her performance in a future situation. A good supervisor is a good teacher. In a learning situation, nothing succeeds like success. It is difficult to build on failures as one gets resistance (not resentment) to supervision. In public health nursing it is imperative that we emphasize co-operative rather than competitive living.

In the whole changing emphasis, there must be respect for the individual with individual rights, these to be made use of so each may make the best possible contribution to society. Therefore, there must be an awareness of the changing emphases in our methods of supervision, from: (1) The traditional, autocratic or authoritarian to the democratic; (2) from efficiency as an end to growth in the nurse in relation to her work; (3) from the negative emphasis on isolated personality traits to the total personality pattern in relation to the situation; (4) from emphasis on personality alone to emphasis on performance; (5) from individualized effort on the part of the supervisor to group effort resulting in group action on the part of the whole staff; (6) and from competitive living to full co-operation.

Over-Fortification of Milk not Needed

The increasing practice of fortifying milk with vitamins other than D, and with minerals, does not serve a public health need and, by increasing production costs, can result in decreased consumption by those in the lower economic levels who need it most, the Council on Food and Nutrition of the American Medical Association declares in a recent issue of the *Journal* of the Association.

The Council explains, says the *Journal*, that it has accepted and encouraged the fortification of milk with vitamin D well beyond any natural level because of the belief that such is in the interest of public health inasmuch as vitamin D is not present in important amounts in a customary diet unless fish oils are included.

Explaining that a fortified milk had been submitted to it for acceptance, the Council says that "the question arises as to whether it is in the interest of public health to fortify milk with vitamin A thiamine, riboflavin, niacin, iron and iodine or any one of these materials".

It was explained that any deficiency of vitamin A found in the United States was at the lowest economic levels and that such persons were not likely to buy milk sold at a premium. Milk more than carried its own load with regard to thiamine and riboflavin. The addition of niacin to milk would not seem to answer the problem of correcting any existing niacin deficiency while a diet containing meat, eggs, green vegetables and whole grain or enriched flour supplied the iron requirement.

Table salt had been selected as the appropriate iodine-carrying food and "it seems unwise to sanction the addition of iodine to more than one food", the report says.

In conclusion, it is stated that fortification of milk with vitamin A or any or all of the above-mentioned minerals "does not serve a public health need sufficiently to warrant Council acceptance of the fortified product".

—*Health News Service*

The New Zealand Registered Nurses Association was forced to abandon its annual conference last year because of railway travel restrictions. Travel permits there are issued to not more than ten persons to attend a meeting.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

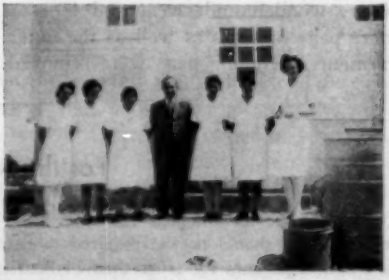
An Epidemic on an Indian Reserve

WILMA RAYNOR

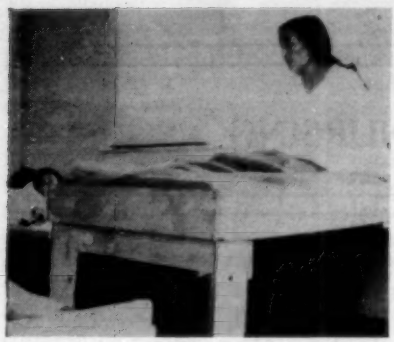
Early in Spring, after a successful fishing season along the Dauphin River, the Indian fishermen and their families climbed into their respective cabooses and started on their homeward journey. The homes of these people were on the Indian Reservations at Lake St. Martin and Fairford River. In addition to the fish, they brought back innumerable bugs, both crawling and minute unseen ones, among which was found the bacillus of typhoid.

On checking the first few reported cases of "Black Fever", as it is known to the Indians, the doctor suspected the dread disease, typhoid. These suspicions were confirmed when the first Widal reports came from Winnipeg. Immediately all known contacts were checked. A number of these patients were found sitting up in rocking chairs; others, wandering about, despite their weakened condition. Although most victims were already helpless, with a characteristic listless expression, their dark eyes seemed to appeal for help and their bronzed faces were many shades paler than usual. Like any other group of people, the Indian objects to being ordered about and frequently harbours a fear of the white man's hospital. However, the community doctor, being highly respected by all who knew him, had little difficulty in persuading the Indians to enter the improvised hospital and in a short time it was filled to capacity. In reply to an urgent request, an extra nurse was promptly sent out from Winnipeg.

In order to provide this temporary hospital, the school at Little Saskatchewan, the centre Reserve, was closed. It was emptied of furniture with the exception of a few apple boxes which later served as bedside tables. The first patients to be admitted brought their own beds and bedding. There were a few who came without either, but were content to rest on the floor after a strenuous journey over the rocky road to Little Saskatchewan. Bunks were hurriedly built by the missionary as the need arose. In the case of a small child, the bed could be made with little trouble by putting up a hammock, Indian style,



Staff of temporary hospital at Little Saskatchewan Reserve.



An improvised bunk in the schoolroom.

and, until cots arrived, it was necessary in some cases to double up. The Indian women who came to help as nurses brought their bedrolls and slept on the floor until beds could be provided.

The Indians were good patients but it was a task to keep them satisfied on the prescribed diet. The Indian likes to eat plenty when it is available and considerable explaining, with the help of an interpreter, was necessary to make them realize the need for restriction in diet. Well-meaning relatives quietly offered apples and cookies to the sick children whom they felt were allowed to go hungry, thus requiring constant watchfulness on the part of the nurses. The patients soon began to appreciate the comforts of a bath, clean linen and nursing care. The Indian usually retains his clothes when going to bed and if ill always puts on extra warm ones. Heavy woollen underwear and four or more pairs of socks as well as the outer garments, including hats, were removed gently and with much persuasion. Baths were accompanied by much giggling. Before many days passed, these patients were asking for baths and looking forward to dinner trays. One day a little girl appeared very sad and silent. Finally her Indian nurses' aide discovered that she had not received a serviette on her tray. This was soon remedied and the little patient ate heartily and smiled her thanks.

The women who were trained to assist with the nursing care did excellent work and performed their duties faithfully and efficiently. They became very observant regarding important signs and symptoms and reported anything unusual to the nurse-in-charge, who, in turn, dealt with all troubles and complaints. These were many and varied. Often many privileges had to be granted these women in order to retain their goodwill and service but it was well worth it. The cooking, laundry and cleaning, as well as assisting with the nursing care, was carried on by four Indian women. They worked well together and when extra duties were required they could be relied upon to lighten the work of the charge nurse and her assistant. It was a pleasure to watch them going about with quiet step, seldom hurrying but always purposeful and happy. They took great pride in their white uniforms.

Chloride of lime was used generously. Almost the entire settlement received inoculations. Twenty-two patients were treated and all made satisfactory recoveries. No new cases have developed since the closing of the hospital.

For the Mentally Ill

It should be an accepted rule that general hospitals should not be required to retain mental patients for more than 24 hours unless they have adequate detention facilities. Because of the close association of mental and somatic diseases, there is considerable justification for the viewpoint that many temporary mental disturbances might be treated in psychiatric wards in general hospitals.

—*Hospital Personnel and Facilities*

Conference on Tuberculosis Nursing

During the past few years, since the supply of nurses has been seriously affected by wartime conditions, the problem of the shortage of nurses in the field of tuberculosis nursing has become increasingly apparent. The situation was emphasized in the province of Manitoba by the results of interviews conducted in August and September, 1943, with 161 general practice nurses. Of this number 112 refused to do tuberculosis nursing. An enquiry into the underlying cause of such refusals revealed two chief reasons:

1. In a majority of instances the nurses had had no student training in tuberculosis nursing because negative tuberculin tests had caused such experience to be withheld.

2. Fear of contracting the disease, either on the part of the nurses or of their relatives, was another major factor in the unwillingness of this group of nurses to undertake tuberculosis nursing.

The Board of Directors of the Manitoba Association of Registered Nurses, concerned because of the present and future need for nurses to carry on this essential service both in sanatoria and in the community, invited the Manitoba Hospital Association to assist in initiating a study of the problem by the establishment of a joint committee. It was decided by this joint committee that a conference with wide representation should be called, for the purpose of considering the question of student training in tuberculosis nursing. The conference was held in Winnipeg on April 15, 1944. Approximately sixty-five representatives were present. Dr. R. G. Ferguson, director of Medical Services and general superintendent of Fort Sanatorium, Saskatchewan, and Miss M. Diederichs, president of the Saskatchewan Registered Nurses Association, were present by special invitation. Serious consideration was given, at that time, to the following aspects of the problem:

1. The history of student nurse affiliation in tuberculosis nursing in Manitoba.

2. An estimate of the need for more and better prepared nurses in the field of tuberculosis nursing.

3. The relationship between a negative tuberculin test and susceptibility to infection.

4. A discussion of the value of B.C.G. vaccine.

5. The position of sanatoria with regard to the safeguarding of personnel; young graduate nurses, affiliating students, volunteers and others.

6. The advisability of expanding the student nurse affiliation program in tuberculosis nursing.

Dr. H. Coppinger, medical superintendent of the Winnipeg General Hospital, opened the discussion with a report on the history of student nurse affiliation in tuberculosis nursing in Manitoba. In 1929 attention was called to the fact that sixty nurses had been admitted to sanatoria in the previous five years. As many of these were graduates of the Winnipeg General Hospital the following measures were undertaken by that hospital: annual chest plating and physical review of nurses; tuberculin skin reactions; efforts to control the technique of patients on the wards.

It was arranged that non-reactors among students should not go on duty on a tuberculosis ward. Student health records were kept for a period of ten years. During that time there were twenty-nine nurses who contracted tuberculosis and all were non-reactors. Dr. Coppinger stated that the problem now is to provide nursing personnel for tuberculosis sanatoria. The policy of safeguarding student nurses has made them dread the diseases, they have been edu-

cated to believe that it is not safe, and consequently they refuse to accept positions in sanatoria. Considerable discussion followed regarding the danger to the student of contracting tuberculosis in a general hospital as compared with a sanatorium.

In an endeavour to estimate the need for more and better prepared nurses in the field of tuberculosis nursing Miss E. Russell, director, Nursing Division, Provincial Department of Health, spoke from the point of view of the need in the rural community. She pointed out that as the public health nurse should be a teacher in all her home visits she needs a knowledge of the prevention and control of tuberculosis. She should have experience in caring for tuberculosis patients, know the importance of proper diagnostic facilities, their use and availability to the people of Manitoba, and she should know how to protect the family and herself. She should be familiar with the treatment required and used, and should have worked with patients undergoing treatment in order to interpret the effect of such care to patients and families. She needs to develop attitudes at least as sound as those which patients and their families have developed.

Miss L. Kelly spoke of the needs of the urban community stressing the fact that a considerable part of tuberculosis control work and case finding is entrusted to the public health nurse as she visits the home. It was pointed out that nurses who enter the general field of public health do not have sufficient training in tuberculosis and little, if any, practical experience in dealing with the disease. Objectives for the effective nursing supervision of tuberculosis patients and their families were outlined, and it was suggested that the nurse who knows little about the disease is defeated before she begins because she does not have sufficient knowledge to make her talk convincing.

The City of Winnipeg Health Department, Nursing Division, is responsible for the supervision of 1,018 families where tuberculosis is the major problem. It follows, therefore, that every member of the nursing staff must know something at least about tuberculosis as a health problem.

It was suggested that the following safeguards could be considered in planning an affiliation program with sanatoria:

1. Teaching of patients, supervisory and nursing personnel and others.

2. Rearrangement of sanatorium facilities to provide one infirmary ward where only patients with minimal, nonbacilliary disease, or with more extensive disease controlled by some form of collapse, would be cared for by the students and where they could learn in a reasonably safe environment, routines followed by patients with infectious tuberculosis.

3. An organized program for students and graduates, including clinics, demonstrations and lectures. Student nurses should be assigned complete case studies which should include all aspects of the patient's welfare as well as those of his immediate family and contacts.

The need in sanatoria for nurses with preparation in tuberculosis nursing was discussed by Miss E. Stocker, superintendent of nurses, Ninette Sanatorium. The opening sentence of this paper was as follows: "We find the present day sanatorium for tuberculosis is a hospital where modern and progressive scientific treatment is being carried on, but we do not, in many instances, find there nurses who have had any special preparation in the field of tuberculosis nursing prior to coming on the staff". This situation has become increasingly serious because of wartime conditions when nurses are drawn from available sources regardless of qualifications in this specialty. The result is that staff education has been neglected and too many aides in proportion to the number of registered nurses are being used to fill the needs. While the aides may give

the necessary bedside care to certain types of patients, they require supervision of their technique, particularly in protecting themselves. At the present time there is not sufficient staff to give this supervision. It was pointed out that the care of the tuberculosis patient is a nursing problem, and that the sanatoria should be prepared to give affiliating student nurses a full educational program. It was suggested that tuberculosis experience could augment the desired experience in acute communicable disease as the two departments have several objectives in common.

Dr. D. L. Scott of the Central Tuberculosis Clinic led the discussion on the relation between a negative tuberculin test and susceptibility to infection. Dr. Scott stated that there is no absolute immunity to tuberculosis, nor can resistance to the disease be measured. It is thought that resistance to an infection can be increased by a small, or several small doses of the infection, whereas a fairly large dose would cause disease. It stands to reason that people with positive reactions to tuberculin, yet who are not sick, have received a small infection and therefore their resistance should have been somewhat increased. Non-reactors have never had the benefit of this resistance-increasing dose. Dr. Scott remarked that this is purely theoretical, but that the contention is supported by a study of the nursing classes going through the Winnipeg General Hospital from 1934 to 1943.

In the ten-year period 774 girls were admitted for training. On admission 28.7 per cent reacted to tuberculin. During training 33.8 per cent became positive, 37.5 per cent remained negative. There were twenty-nine or 3.75 per cent of the total group who developed some manifestation of tuberculosis during, or shortly after finishing their course. It is notable that these twenty-nine all belonged to the negative group on admission — close to 5 per cent. None of the positive group developed the disease in any form. Surely some of the positive group were exposed to infection, and if so, I think we must presume that their resistance on the whole was greater than the negative group.

In his opening remarks in leading the discussion regarding the value of B.C.G. vaccine, Dr. Ferguson stressed the point that those who care for the sick run the hazards of disease, and that the hazard of tuberculosis for student nurses is greater now than it was twenty years ago. At that time practically all were positive reactors, before entering training:

Any nurse who nurses until the age of thirty becomes a positive reactor, no matter where she nurses. In former days, nurses became positive before coming to the hospital; now they become positive afterwards. Nurses do contract a lot of tuberculosis, but most of them contract it in a general hospital. Two hundred nurses in Saskatchewan contracted tuberculosis during ten years, between 1934 and 1943. Of these, forty-four had contracted the disease in sanatoria, 156 had not. Therefore, general hospitals in that province are responsible to a large extent for tuberculosis among nurses.

Although negative reactors are the great problem, it was pointed out that positive reactors are not immune to tuberculosis; they are less susceptible than negative reactors. Dr. Ferguson outlined the results of the use of B.C.G. vaccine in Saskatchewan as follows: "In five years, 1,329 negative reacting nurses from eight hospitals were vaccinated. In that group, ten have developed tuberculosis, or three quarters of 1 per cent. At the same time 681 exposed persons in three sanatoria were vaccinated (nurses, nurses' assistants, and orderlies). In this period, two of that number developed tuberculosis. There were no nurses among them. Among nurses in the eight hospitals who were positive reactors on entry, ten developed tuberculosis". All of these hospitals are very much in favour of vaccination with B.C.G. vaccine, Dr. Ferguson said.

Discussing the position of sanatoria with regard to safeguarding of person-

nel, young graduate nurses, affiliating students, volunteers and others Dr. E. L. Ross, medical superintendent, Ninette Sanatorium, outlined the history of treatment and control of tuberculosis. He spoke of the success of the anti-tuberculosis campaign which has greatly lessened the number of infective cases at large in the community. Thirty years ago, 75 per cent of the population were infected, but now only 5, 10 or 20 per cent of the children and young adults. Dr. Ross stated that he was in favour of the use of B.C.G. vaccine, particularly for those who are engaged in caring for the sick. He pointed out, however, that B.C.G. does not provide absolute immunity, and that none of the preventive measures now carried out should be slackened. With regard to the nurse, Dr. Ross felt that she would more readily assume her true role, if those responsible for tuberculosis work would demonstrate to her that everything possible is being done to safeguard her and that possibly a more interested and intelligent appreciation of protective technique could be attained if the nurse was given an opportunity to learn more about her individual patients.

Fifteen years ago a study was made of tuberculosis in sixty nurses who had been admitted to sanatorium during the previous five years. They had all come from general hospitals. It was estimated at that time that 6 per cent of the nurses trained and graduated in Manitoba became sanatorium patients direct from their training schools or within a year of leaving them. With regard to the incidence of tuberculosis among sanatorium staff, Dr. Ross gave the following figures:

During the past six years 558 persons have been employed at Ninette Sanatorium; 223, or 40 per cent of them had a negative tuberculin test when they entered the service and 75 or 33 per cent of these negative reactors became positive. Altogether 13, or 2.3 per cent of the total number developed some evidence of tuberculosis. Of the thirteen who deve'oped tuberculosis there was only one graduate nurse; eight were nurses' assistants without previous hospital training, and four were maids or cleaners on wards. From this experience it would seem that the sanatorium is a safe place for the trained nurse, but less so for untrained personnel.

The 2.3 per cent incidence of tuberculosis among sanatorium personnel is lower than in nurses of a large general hospital, according to the observations of Dr. Scott, who found that over a ten-year period 3.75 per cent developed some type of tuberculosis. During the last six years at the sanatorium only one trained nurse broke down out of a total of one hundred and ten nurses employed, which is only .9 per cent. But out of fifty-eight nurses' assistants employed, 8 or 13 per cent broke down.

It is strikingly evident that more instruction and closer supervision and protective immunity is needed for untrained personnel on the wards. Finally, it is my opinion that the graduate nurse is safe in a sanatorium if she applies the knowledge she possesses and if she does not she is not safe nursing any disease.

Rev. Sister Brodeur, superintendent of nurses, St. Vital Sanatorium, continued the discussion concerning the safeguarding of personnel in sanatoria. She stated that the shortage of nurses at the present time makes it necessary to decrease the number of occupied beds at the sanatorium in order to render sufficient service to the patients. The protective program employed is threefold: consideration of the nurses; consideration of the patient; consideration of the environment:

(1) The nurse: instruction and supervision to all new nursing personnel is given by qualified graduates. After the first week of work, the nurse is fluoroscoped and tuberculin tested. Fluoroscopies are repeated on every nurse at monthly intervals and x-rays repeated on positive reactors at least once yearly. The negative reactors are re-tested in four months, and the positive are again x-rayed. When the reaction has changed from negative to positive, the x-ray is

repeated at six-month intervals notwithstanding the regular monthly fluoroscopies.

(2) The patient: constant instruction and supervision is carried on.

(3) The environment: foot pedals are installed on all wash basins and personal clean towels provided. Soiled linen is placed directly from the ward into a chute to the basement, where it is collected and taken directly to the laundry. The floors are vacuum-cleaned every other day and mops when used are cleaned in a special vacuum for that purpose on each ward. Corridors are washed every day, while the floors in the rooms are washed once weekly.

During the past six years 266 nurses (including practical nurses) were employed at the St. Vital Sanatorium; 55 per cent were negative reactors. Of the negative reactors 92 per cent of those who were re-tested became positive. Of these only two nurses were negative on their third test. Of the negative reactors who became positive 17 per cent subsequently developed parenchymal lesions, 5 per cent developed pleurisy with effusion and remained well thereafter.

For the most part practical nurses are employed for general duty, and graduates are used as ward supervisors. Among the latter, only one developed parenchymal disease and she was a positive reactor at the time she entered the sanatorium. If students were accepted for affiliation the Sister stated that every nurse would be x-rayed when she began her affiliation whether her Mantoux was positive or negative, and the same would be repeated at the completion of her experience.

Dr. Ferguson congratulated Sister Brodeur on the technique outlined. He suggested the use of masks as the only other way of reducing infection.

Dr. D. McIntyre, medical superintendent of King George and King Edward Hospital, led the discussion on the advisability of expanding the student nurse affiliation program in tuberculosis nursing. He stressed the need for prepared people in the field of tuberculosis, and that the only way to prepare them was by training the student nurse. Affiliation could be made relatively safe through the use of B.C.G. and a longer period than the two weeks now given to positive reactors is needed.

Miss E. Wilson, tuberculosis consultant, Nursing Division, Provincial Department of Health, remarked upon the fact that up to the present the danger element of tuberculosis has been stressed to student nurses. The emphasis should be shifted to the fact that tuberculosis is preventable and curable.

Dr. Coppinger summarized the points brought out during the conference as follows: (1) more nurses should receive affiliation in tuberculosis nursing; (2) tuberculosis patients should have adequate care; (3) public health nurses should have adequate training in tuberculosis nursing; (4) non-reactors are the danger point; (5) Dr. Ferguson has assured us the B.C.G. vaccine is safe. The figures are convincing.

The following motion was adopted by the meeting: "That the joint committee of the Manitoba Hospital Association and the Manitoba Association of Registered Nurses undertake to call another conference to study the adoption of B.C.G. vaccine, and affiliation of student nurses in sanatoria for training in tuberculosis nursing".

It was recommended that a program of education be commenced immediately regarding the use of B.C.G. vaccine.

Compiled by

MRS. MARION E. BOTSFORD.

It would liberate many hospital beds for more acute patients and would be better for the old people if an adequate chain of institutions for the senile and those unable to work could be developed across Canada.
—*Hospital Personnel and Facilities*

Hospital Pests

VICTORIA ZABLOTONY *and* MILDRED BECKER

Editor's Note: The story of their hunt for "hospital pests" is by two preliminary students of the Royal Jubilee Hospital, Victoria, B. C.

As part of our course in hospital economics, all the students were requested to do a project in order to increase our knowledge of the subject. We chose the subject "Hospital Pests" since the study of insects was one of the important topics discussed in the class. We thought that obtaining the real specimens and studying them in their natural habitat would prove more educational than mere drawings. That's when the fun began.

Even if you suppose a place to be literally over-run with pests, when you desire to capture them, there are none in evidence. Victoria, on the other hand, turns up its nose with contempt if you suggest that such things exist within its jurisdiction. For the next three weeks we were so insect conscious that every moving dot (and sometimes stationary ones) was eagerly pounced upon. We visited fumigating centres and insulted our friends by peering into dark corners in their houses. We even sent out an appeal to military barracks but were disappointed to learn that they are not the commonly-supposed shelters for vermin for, after much research, all they could produce was a small saw-dust flea.

The mounted specimens

The cockroach, one of our first specimens, was easily obtained as they thrive in damp warm places such as cupboards and sinks. The same was true of silverfish which flourish in basements or places where cellulose is obtainable for their food. The only difficulty encountered here was to capture the extremely active, delicate, little creature to preserve and mount it without destroying the specimen. We easily obtained a moth as these can be found in some clothes cupboards or where woollens are stored. Spiders and ants are usually found everywhere and, therefore, they gave us very little trouble. Mosquitoes presented a slight problem as they are not so plentiful in the early spring. Ordinarily flies are plentiful but again, this being early in the season, we were obliged to search more widely. Have you ever stood outside a dusty cobwebby window of an old shoe repair shop and looked longingly at a big lazy blue-bottle fly buzzing around? Well, if you have ever stood outside a milliner's window admiring an adorable hat, you will know how we felt.

Our rarest and most prized specimens were the bed bug, the pediculus and the flea. If you feel like scoffing at that statement, let us ask you, "Have you ever tried to catch them?" Despairing of finding any of these in Victoria, we air-mailed urgent messages to our friends in Vancouver and after a few weeks we received a bed bug which was obtained from a house in the slum area. Several of the neighbour's pet cats and dogs still stage a rapid retreat at our ap-

proach as a result of our ardent search for fleas. When we were almost at the point of giving up, we found one. It was a happy day when one of our instructresses brought a test tube containing a tiny pediculus corporis and nit. It was obtained from a patient and, for the sake of Victorians, we will say that he was a stranger to these parts.

As we collected we racked our brains for a satisfactory method of mounting our specimens. Test tubes were our first consideration but were soon voted down as they were too difficult to attach to the cardboard, and did not show the specimen off to advantage. The pathological department proved very helpful. One of the doctors there recommended the use of small petri dishes. He also gave us helpful hints about devitalizing our victims with ammonia or ether fumes. This aided in keeping our specimens intact.

Even then, the actual mounting was still a problem. How were we to apply these little glass saucers to flat cardboard, protect the specimen, and still have an overall neat appearance? Impossible? For awhile we thought so too. Then a ray of light seeped through. We took two sheets of the cardboard, cut holes in the top one and to it anchored the petri dishes. (We did it with adhesive tape — four small strips per petri dish). On the other sheet of cardboard (which was to be marked to correspond exactly with the first one) the insects were mounted. We simply pasted our specimens on the bottom cardboard with clear mucilage. It wasn't quite as simple as it sounds for we spent a whole evening with tweezers and pins and delicate touch in an attempt to manoeuvre them into an effective and realistic position without damaging them. The two pieces of cardboard were then brought into conjunction. Oh! how carefully we performed this last step. One jarring move and the work of several weeks would have been undone. We fixed the two sheets together, for the last time, with a complete border of friction tape. This gave a neat finishing touch, and an appearance of compactness. With what pride we beheld the product of our labors!

We consulted books to obtain sufficient material to make an interesting and intelligible note on the source, danger and method of control as it pertained to each insect. This we printed as neatly as possible beneath the petri dishes on the top cardboard.

The poster was displayed in our classroom library and was a source of great interest to all the students in the school. All in all, the catching of the insects, the ammonia and ether fumes, the sticky fingers, and the intricate work of mounting proved interesting. We have learned a great deal about the sources, dangers and control of insects and vermin that may be found in hospital and community nursing.

Scientific Progress and the Victims of the War

One very often hears it said that the ferocity of the present war is, generally speaking, the outcome of the progress made by science. Nevertheless scientific progress is beneficial, as is clearly demonstrated in that field of science where it cannot be employed for purposes other than the welfare of mankind, that is to say, the field of medical science.

An examination at the present day of the most recent scientific advances in medicine, and their effects on public health in the course of this war, leads one to wonder whether, later on, it will not be found that these advances have counter-balanced the evil effects of the war and saved more human lives than the war has destroyed. In the first place,

we would emphasize the progress made in the treatment of those wounded in the war. During the war of 1914-1918 the medical services of all armies devoted attention to the necessity of getting the wounded into the hands of the surgeon at the earliest possible moment. In this war, this principle has been everywhere adopted and much more easily applied, not only in European countries, but even in armies operating in the tropics; for instance, the Australian and American medical services in the south-west Pacific have succeeded in placing the wounded in the hands of the surgeon some five or six hours after they have been hit. Medical units have also been organized — as in the Indian Army Medical Corps — which can be landed by parachute from aeroplanes.

Without going into the details of the progress made in surgical technique in wartime traumatology, there are three points of special importance which mark outstanding progress as compared with the first world war: the very early use of plaster-of-Paris splints, the enormous use made of blood transfusion, and the employment of sulphonamides.

The use of plaster-of-Paris is, of course, not a novelty; but as a result of the experiments made by Trueta, military surgeons began to resort to the use of plaster immobilization very soon after a wound had been received and this has saved many limbs which would otherwise have had to be amputated.

In this war, blood transfusion has played a part very different from that assigned to it in the war of 1914-1918. Originally employed as a means of replacing blood lost by haemorrhage, blood transfusion is now much more often resorted to in the case of shock or burns, because, as a result of the employment of new explosives and new methods of incendiary bombardment, it is much oftener required for the treatment of shock or burns than to compensate for loss of blood, and its employment for the latter purpose has become of secondary importance. Now in cases of shock or burns it is not necessarily blood which the patient requires, but fluid to fill up his circulatory system or to make good the liquid which the organism has lost; and no liquid fulfils these requirements better than blood plasma or serum. For this reason, at the present day, the great majority of transfusions are effected not with blood, but with plasma or serum. This offers the great advantage that the limitations imposed by the incompatibilities existing between the various blood groups can be ignored and that plasma or serum can be kept practically for as long as may be desired, especially if dried. This latter possibility has, in the course of the present war, enabled transfusions to be effected not only in the front line but in the most difficult conditions: in submarines, in the heart of the jungle, etc.

Though the discovery of sulphonamides dates from before this war, it is during this war, that they have for the first time been employed on a large scale. Their efficacy against certain septic infections and particularly against those caused by streptococci is well known. Sulphonamides have been largely employed during the war, not only for the local or general treatment of infected wounds, but also as a prevention of infection. Even more than sulphonamides, another product seems destined to play a most important part in the treatment of septic war wounds; we refer to penicillin, a product derived from filtrates of a culture of the fungus *Penicillium notatum* discovered by Fleming and subsequently perfected by Florey and numerous other investigators. This product, even when very greatly diluted, is capable of preventing the multiplication of certain microbes — including certain species of microbes against which sulphonamides are ineffective — a capacity which is known as "bacteriostatic action". Penicillin may really be regarded as a discovery of this war, for a systematic study of its properties has only been made since the outbreak of hostilities and its

first surgical applications have been to war wounds. Judging from the experiments conducted by Florey in North Africa, it seems likely that penicillin will revolutionize the treatment of wounds. Thus the closing of a war wound was hitherto a grave mistake, but with penicillin it will probably be wrong not to do so.

The wounded, however, are not the only victims of war: until the beginning of this century, in every war, losses from disease exceeded those in the field of battle. During the present war, notwithstanding the grave fears felt, typhus only increased to a very moderate extent on the eastern fronts and in adjoining countries. This is to be attributed to the very strict application of prophylactic measures which have been improved more particularly as the result of the study made of anti-typhus vaccination, which at the time of the first world war had not yet acquired much practical value, but which has now been applied to whole contingents of troops, as for instance the American troops in North Africa.

Vaccination against typhoid and paratyphoid was already known in the former war, but the progress made in the immunology of the microbes responsible for these diseases has made possible the preparation of new types of vaccines which are much more effective and here again large scale experiments — for which wars often afford the opportunity — carried out in North Africa have proved that the more modern vaccines used in one camp have a greater protective value than the old vaccines which were used in another camp.

A serious intestinal infection which often assumes the proportions of an epidemic in armies at war, especially in hot countries, is bacillary dysentry: this is a malady in which the vaccines for its prevention and the serums for its cure have certainly not been so successful as had been hoped. But during this war, certain sulphonamides — such as sulphaguanidine and sulphasuccedine — have proved most effective in its treatment.

Another disease which often intensifies to such an extent that it assumes the proportions of an epidemic is malaria. During the war of 1914-1918, many countries suffered from a lack of the only drug which is effective against malaria, namely quinine. In the course of the present war, Japan having conquered all the countries where cinchona trees were or could be grown, this dearth would have been still more serious if chemists had not discovered, in the period between the two wars, drugs which, in the first place prepared in Germany, were subsequently also studied and prepared in France, Russia, Italy, England and America. We refer to the products known under the names of Atebrin, Quinacrine, Acriquine, Italquine, Mepacrine, etc. These products have a therapeutic value which, generally speaking, equals that of quinine and a prophylactic value often superior to that of the latter.

Notwithstanding the progress of hygiene, a disease which in wartime tends even at the present day to assume disquieting proportions in armies and, as a result, also among the civil population, is gonorrhea. Thanks to the use of sulphonamides, an extremely effective weapon has been found and one which, especially at the beginning of this war, had given rise to a hope that this disease would no longer constitute a problem for armies in the field. More recently these hopes have become less ambitious, but here again penicillin promises to afford the means of sterilizing cases which are refractory to sulphonamides.

While the foregoing summary shows the health of the armies is today better protected thanks to the most recent discoveries of medicine, we must not overlook the benefits conferred by these same discoveries on the population as a whole during these years of war, when the causes tending to undermine the health of civilians are always multiplied. It is

obvious that air bombardments, underfeeding, overwork, the limitations imposed on personal hygiene and the curtailment of rest must increase susceptibility to disease, diminish resistance and render the population more liable to the most diverse illnesses. We know that in several countries the general mortality rate is rising and that more particularly, the death rate among children has risen, in some cases, to a very marked extent and that tuberculosis is claiming many more victims in many countries. One wonders what the conditions prevailing among such populations would have been if catastrophes on the same scale had occurred when our knowledge was still at the level of twenty years ago. To-day the new conceptions regarding diet have enabled the available food to be utilized in a more rational manner, vitamins can be synthetically produced and widely distributed in the form of tablets and in this way deficiency diseases have been prevented which otherwise would doubtless have been more widespread.

Infantile gastroenteritis, which formerly killed hundreds of thousands of children below the age of two years, has now been brought under control by the use of certain sulphonamides and the mortality rate of this disease has been reduced to about one-seventh. In addition to this there is the reduction in the rate of mortality resulting from the employment of sulphonamides in cases of pneumonia, epidemic meningitis, puerperal fever and many other diseases.

Thanks also to modern methods of purification of urban water supply, there have been no typhoid epidemics due to water, even after the most intense bombardments such as those of London in the autumn of 1940, though the water mains were damaged in thousands of places and frequently the sewers emptied their contents into the mains and thoroughly contaminated them.

The increasingly general vaccination against diphtheria has definitely proved its value during the present war. In countries where such vaccination has not been resorted to on a large scale — and unfortunately one of these countries is that where diphtheria vaccination was discovered, namely France — diphtheria has greatly increased; on the other hand, when vaccination is widely employed, a very marked decrease in the morbidity curve has been observed. This is the case in England where, at the present day, about 50 per cent of the children have been vaccinated and it is believed that when 75 per cent of the children have been so vaccinated, diphtheria will have practically disappeared.

Lastly, tuberculosis, that omnipresent spectre, which, in every war, never fails to dog the footsteps of demobilized troops, and spreads among the underfed population, among prisoners-of-war and refugees awaiting repatriation. Unfortunately, no sensational discovery has recently been recorded in the therapeutics of this disease, with the exception of the technique invented by Monaldi some years before the war, namely the suction drainage of tuberculous cavities. In the case of tuberculosis the old rule still holds good—early treatment, which can only be applied as a result of early diagnosis. In this respect, however, we have the satisfaction of knowing that our equipment for the fight against tuberculosis has recently been augmented by a new technique which promises great things: I refer to miniature radiography discovered by a South American phthisiologist, Manuel de Abreu. This new technique has already, in the course of the present war, made possible the radiographic survey of the whole personnel of some armies and it is also being progressively applied for the examination of large sections of the civil population. Some Red Cross Societies have adopted it; thus the French Red Cross has employed it in the case of all repatriated prisoners. It is to be hoped

that this new weapon will enable all cases of tuberculosis to be traced in good time and that the post-war social conditions will be such that every sufferer from tuberculosis, who is thus traced, will be able to receive adequate treatment and be cured of the disease.

PROFESSOR DR. E. J. PAMPANA,
Director of Health and Relief Bureau League of Red Cross Societies.

Going from the Armed Services to the School of Nursing

REHABILITATION OF MEMBERS OF THE ARMED FORCES:

The Canadian Nurses Association has been considering what special concessions should be made for women who have been serving in the Armed Services and who are desirous of entering nursing on their return to civilian life. It has been estimated that there are approximately fifteen hundred young women, many of whom have already had some training and experience along nursing lines in the Service hospitals, who have expressed a preference for nursing as their career. Some of these hold matriculation standing or high school leaving; some lack one or two subjects of such standing. At the meeting of the Executive Committee, October 27 and 28, 1944, the matter of time allowance for these young women was considered and the Committee on Nursing Education was asked to outline what credit, if any, should be given on a nurse's course for experience gained in the Services.

The following report is submitted by this committee:

RECOMMENDATIONS CONCERNING CONCESSIONS IN MATRICULATION REQUIREMENTS:

Proposals:

1. That the C.N.A. recommend that each province accept general guidance from the report on a special matriculation program for demobilized members of the armed forces as adopted by the National Conference of Canadian Universities.

2. That each province decide whether it will accept this as general principle.

3. That each province state that preference will be given to applicants with the highest qualifications.

4. That the recommendation from the C. N. A. be that each province make some special allowance on the usual matriculation requirement (either one subject, or at most two), and that this allowance may be granted to a promising applicant who stands well in all other requirements such as health, intelligence, personality, and experience record.

5. That each province accept this reduced number of subjects, when granted, as *a special matriculation for the purpose of admitting demobilized members of the armed forces*. This person is considered henceforth as a ***matriculant*** by the university.

6. That each applicant accepted under such an arrangement be given a statement of having been accepted under this arrangement of "*special matriculation*" for demobilized members of the armed forces.

7. That the Nurse Registration authorities of each province be prepared

to accept graduate nurses who hold the statement of "special matriculation" standing and to treat them as matriculants.

Summary:

The above arrangement would place *all accepted students* in the category of matriculants. This arrangement for matriculation standing could be applied only for ex-service members. Hence there could be no question of interfering with regular standards for the future.

RECOMMENDATIONS CONCERNING GRANTING OF AN ALLOWANCE OF TIME ON A REGULAR COURSE IN AN APPROVED SCHOOL OF NURSING:

Proposals:

1. That the C. N. A. recommend that each province be prepared, as a general principle, to make some time allowance for ex-service members; this to be granted under specified conditions.

2. That each province decide whether it will accept this recommendation as a general principle.

3. That the conditions of making an allowance of time on a regular course in nursing be as follows: (a) that the applicant meet all regular entrance requirements (including special matriculation as outlined above); (b) that the applicant's high school record give evidence of good intelligence; (c) that the applicant present an official record of training and experience in work as a nursing aide during her regular service with the armed forces; and that this experience be not less than six months of continuous experience; (d) that the method of making the allowance of time be decided by each school of nursing in order to adjust properly to the curriculum of that school. Some schools may permit the student to complete her work in a period shorter than the usual three years; other schools may keep the student for three years but treat the final months as an internship, and make payment for work done during these months, while treating the nurse as a graduate at this time. This internship indicates experience with continued instruction; (e) that the time allowance on a three year course in nursing range from three to nine months according to: (1) The quality of the applicant; (2) the record of nursing experience while in the armed forces; (3) the record of the student while in the present school of nursing.

Early Diagnosis

Stressing the importance of early diagnosis of tuberculosis, Dr. E. L. Ross, medical superintendent of the Sanatorium Board of Manitoba, in the report of this Board's activities for 1943, reveals some interesting data relative to the average duration of treatment according to the stage of disease on admission and the advantage financially of early diagnosis: minimal, 12 months; moderately advanced, 19 months; far advanced, 26 months.

Dr. Ross points out that with 24,000 deaths from tuberculosis in Canada since 1939, it is evident that this disease continues to be a real problem which is accentuated during wartime. Preventing the spread of infection is our known method of controlling the propagation of tuberculosis. It is an insidious disease and by the time it has manifested itself in a person others have become infected. Hence the necessity for intensifying our case-finding program through education, clinic and survey activities.

Notes from National Office

Contributed by GERTRUDE M. HALL

General Secretary, The Canadian Nurses Association

Reports of Provincial Associations

The outstanding activities of the Provincial Associations of Registered Nurses during the past months are summarized for the information of members of the Canadian Nurses Association.

Alberta Association of Registered Nurses:

Clinical courses are offered in operating room technique at Holy Cross Hospital in Calgary and the Royal Alexandra Hospital, Edmonton. The course in psychiatric nursing, Provincial Mental Hospital, Ponoka, was scheduled to commence in November. A course on administration for nurse superintendents of small hospitals is to be repeated at the University of Alberta beginning January, 1945. Miss Ella M. Howard replaces Miss Jean Clark as director of publicity and student recruitment. Miss Marion Murray, B.Sc., will instruct in schools of nursing on health education. A committee has been appointed to consider the establishment of a placement bureau.

Registered Nurses' Association of British Columbia:

At the request of the R.N.A.B.C., a university extension course on techniques of counselling was organized. Twenty-three nurses enrolled and reports indicate that the course will be successful.

A study of the recently revised Registered Nurses Act and the Constitution and By-laws of the R.N.A.B.C. indicated a need for obtaining opinion from legal and education experts. The registrar of the University of British Columbia was asked for an interpretation of Clause 14 of the Act. His decision, subsequently endorsed by the Council of the R.N.A.B.C., is as follows:

> It is understood that applicants already registered elsewhere who apply for registration in British Columbia are to be considered as "having substantially the same requirements for registration as prescribed by the Act" if they have met in full the Junior Matriculation requirements of the Province in which they were originally registered. This broader interpretation obviates the need for applicants to meet the subject requirement of university entrance. It affects primarily nurses who completed high school before 1936.

The Joint Study Committee on Health Insurance has embarked upon what promises to be a very instructive program.

Manitoba Association of Registered Nurses:

Through aid given by the federal grant, a provincial placement service was established in August and a determined effort made to fill the needs of hospitals and sanatoria for staff nurses. A second joint conference on the subject of student nurse affiliation in tuber-

BOSTON UNIVERSITY
SCHOOL OF NURSING
LIBRARY

culosis nursing was held. The Manitoba Hospital Association and M.A.R.N. have sponsored these conferences. No definite decision was reached regarding the advisability of adopting B.C.G. vaccine by schools of nursing. It was felt that affiliation for student nurses could not be made compulsory. It was resolved: That the joint committee approach superintendents of schools of nursing and of sanatoria with regard to forming a committee to draft an affiliation program.

Following the presentation of a brief by the M.A.R.N. to the Provincial Department of Health and Public Welfare advocating the licensing and supervision of subsidiary workers, a committee was formed under the Department of Health and Public Welfare, with the Deputy Minister as convener, to draw up legislation for the licensing and examination of practical nurses. This committee has representation from the M.A.R.N., the Department of Health and Public Welfare, the medical profession and from the practical nurse group. Each member of the committee has been supplied with a copy of the Canadian Nurses Association report on Subsidiary Workers (June, 1944).

New Brunswick Association of Registered Nurses:

A very successful annual meeting was held recently. A committee was formed to consider the possibility of organizing a nurse placement bureau. A committee was also appointed to meet with the Maritime Hospital Association to study the question of the licensing and practice of the subsidiary worker.

Registered Nurses' Association of Nova Scotia:

The Public Health Section is planning to hold a refresher course in February. Miss Mary Mathewson, assistant director of Nursing Education, McGill University, will be in charge of the course.

An affiliation committee has been appointed to study the possibilities of securing affiliation for the schools of nursing with the Nova Scotia Hospital, the tuberculosis and infectious disease hospital. The nurses' placement bureau which was opened March 1 is now fully equipped and functioning. Considerable difficulty is experienced in meeting the demand for nurses for smaller hospitals. The student enrolment in all except small schools of nursing has been satisfactory.

Registered Nurses Association of Ontario:

There are now twenty organized community nursing registries in Ontario and several more centres are considering the question. A committee is studying the problem of group nursing.

A demonstration in the training of practical nurses has been carried on for the past three years, through courses offered by the R.N.A.O. with the approval of the Ontario Department of Health. The demonstration has shown satisfactory results, but it is now considered inadvisable to carry the demonstration further. A recommendation has been forwarded to the Council of Nurse Education that the Honourable the Minister of Health be approached in regard to licensing and registering nursing attendants or practical nurses.

The convener of the recruitment program visited 193 high schools in 144 centres in Ontario during the period January 5—June 15, 1944. Approximately thirty thousand students were addressed.

Registered Nurses Association of Prince Edward Island:

The activities as arranged by the Government Grant Committee are being carried out as scheduled, with some

of the various travelling instructors beginning their courses.

Registered Nurses Association of the Province of Quebec:

District associations have been organized in three of the territories outlined in the Act, which creates twelve districts of the Association. Twenty-eight nurses were awarded bursaries from the C.N.A. federal government grant fund. Further financial assistance to nurses and nursing in the Province has been provided through the Youth Training Plan; 190 student nurses and 28 high school students who will enter nursing schools next year were awarded bursaries in late August.

February 14, 1945, will be the twenty-fifth anniversary of the passing of the Nurse Registration Act in Quebec. It is anticipated that the event will be celebrated in a special way, for which an arrangement committee is being organized.

Saskatchewan Registered Nurses' Association:

Miss Grace Giles has been appointed travelling instructor. She has prepared a comprehensive program which will be reported upon from time to time. Recently a Commission has been appointed by the government in Saskatchewan to study the medical and hospital facilities in the province. It is a matter of gratification that a former president of the Association was appointed as a member of the Commission. On invitation, representatives of the Saskatchewan Registered Nurses' Association appeared before the Commission and made representations in the interest of nurses and nursing service.

One hundred and seventy-five candidates are to write at the forthcoming examinations for the registration of nurses. This is the largest number of candidates which has applied to write any one set of examinations. While a number of schools in the province have modified their requirements to admit certain students with Grade XI standing, which is the minimum educational requirement for registration in Saskatchewan, 164 of the candidates who are to write at the forthcoming examinations have senior matriculation. On September 20, 1944, the number of nurses actively engaged in nursing in Saskatchewan was 1042.

British Civil Nursing Reserve

The Ministry of Health, through its chief nursing officer, has recently informed the Canadian Nurses Association that, in view of the developments in the war situation, the time has come when the arrangements whereby Canadian nurses are recruited for the British Civil Nursing Reserve can be brought to an end; therefore, no further applications will be considered.

Of Interest to Nursing Sisters

The National Conference of Canadian Universities reached an agreement during the past summer whereby men and women in overseas service during the period between armistice and demobilization, who wish to qualify for admission to English-speaking universities, will be granted special privileges with reference to their standing as matriculants. The Executive Committee of the Canadian Nurses Association has recommended to the provincial associations that they take under advisement the matter of accepting the same matriculation program for admission to schools of nursing as has been accepted by the universities.

We quote from the report of the National Conference of Canadian Universities (pages 47 and 51):

1. Universities will accept Junior and Senior Matriculation examinations based on approved Canadian Legion text-books provided that the standing obtained indicates ability to do university work. Certificates of standing must be presented in each subject, signed by the appropriate director of education and instructor. Final credits, however, will be withheld until the satisfactory completion of a year's work.

These privileges are granted on condition that the Director of Education of each of the three armed services undertakes to see that competent teachers are appointed and that the standards of instruction and of examination are adequately high for both Junior and Senior Matriculation.

2. Universities will grant admission to returned men and women on less than the full requirement, but deficiencies may have to be made up during the undergraduate course, as each university may determine. Admission cannot be granted to candidates lacking the prerequisites for the course they wish to take.

3. The matriculation studies are merely qualifying studies. Actual admission can be granted only so far as accommodation permits. Candidates with full matriculation will usually be given preference over those with partial matriculation. Admission may be based, not only on academic standing, but also on the candidate's whole record, including school record, service record, and aptitude tests conducted by the Personnel Selection departments of the armed services.

4. Subject to the limitations stated above and to the detailed regulations to follow, candidates offering the subjects specified will be admitted to any English-speaking Canadian university. But others are not necessarily excluded, and each institution is free to deal with individual cases. Therefore, a candidate not able to offer the stated subjects should seek advice from the university of his choice.

Admission requirements to faculties of nursing read as follows:

Alberta, Saskatchewan, and Toronto require Senior Matriculation. Chemsitry is an essential subject. British Columbia, Queen's and Western admit at either Junior or Senior Matriculation level. McGill (for graduate nurses only) admits on Junior Matriculation.

Publicity

From a survey made this fall of student nurse enrolment for 1944, we have reason to be pleased with the results of our student recruitment program in the past two years. The need for student nurse recruits, however, still exists in that we must endeavour to maintain the 1944 level if we are to meet the needs of post-war civilian nursing service. Very briefly, the survey shows the following totals across Canada: Probationers, 2786; first year students, 2189; total probationers and first year (which will constitute the graduating class of 1947), 5011; second year students (to graduate 1946), 3655; third year students (to graduate 1945), 3528; number graduated in 1944, 3442. Grand total of student nurses in schools of nursing in Canada: 12,194 at November 1, 1944, as against 11, 350 at December 31, 1943.

Enquiries from potential student nurses continue to pour in from all provinces in response to our numerous appeals by radio, poster, pamphlet, and other contacts. To facilitate the work of the provincial secretaries in replying, particularly to those who request information concerning more than one province, a new list of the approved schools of nursing in Canada is being prepared. This list contains pointers on "How to Choose a School of Nursing" and data on each school under the following headings:

Type of hospital; number of beds; denominations; deposit fee; approximate number of students; educational requirements; minimum entrance age; clinical experiences offered; teaching facilities available; graduate personnel for teaching and service; months in new course; months classes enter.

We were pleased to be able to announce through the public press that, at the last session of the House of Commons, a clause in the bill on national finance provides for income tax deductions for parents of student nurses. Also, a press release was sent out announcing the award of long-term bursaries for university courses.

A very interesting survey of the hobbies and interests of teen-age girls is now being done. If the returns to date are any indication of the final returns, we are going to be in possession of a mass of valuable information concerning the "thought processes" of the next generation of student nurses. It will then be up to us in our guidance counselling to place our appeals "on the beam" if we expect them to be "received" by our potential recruits. Further announcement concerning this survey will be made when the analysis is completed.

Prints of the Canadian Nurses Association news-clip "White Sentries Guard Vital Outposts" have been made for use in each of the provinces. A life-size figure of a nurse which is also a theatre display card will soon be appearing in the towns and cities across Canada. Our "nurse" is also a pamphlet distributor.

Those concerned with student recruitment have felt that a goodly number of our potential student nurses have been diverted to the more remunerative and perhaps more attractive fields of war industry. Many of these workers have the qualifications that we consider essential for a nurse, and the C.N.A. has taken the initiative in providing personnel counsellors in the Canadian war industries with rercuitment pamphlets and posters, to assist them in directing or counselling the discharged personnel who could qualify towards the nursing profession.

Immunization Virtually Eliminates Tetanus in Armed Forces

Tetanus has been virtually eliminated from our armed forces as a result of compulsory immunization. Major General Norman T. Kirk, U.S.A., Surgeon General of the Army, says that not a single case has been reported among completely vaccinated troops and there has been only a handful of cases throughout the entire Army. These occurred prior to vaccination or before the immunization process had been completed. The Navy, which also requires tetanus immunization process, has had no cases of the disease among sailors or Marines wounded in combat up to September 15, 1944, according to the Navy Bureau of Medicine and Surgery.

The most recent account illustrating the value of tetanus immunization was given in the report of a Navy medical officer who served aboard a hospital ship in which 284 Japanese and 384 Americans, all wounded in the same engagement, were being treated. Fourteen cases of tetanus, ten of which were fatal, occurred among the Japanese. None of the Americans developed the disease. Army medical records indicate that the Japanese do not immunize actively against tetanus.

Office of the Surgeon General
Technical Information Division
Washington, D. C.

From the *Australasian Nurses' Journal* we note that a new schedule of remuneration and hours of work for private nurses has been approved: fees increased to £5. 5s. a week; that there be a six-day week with a ten-hour day; that an extra fee be charged for each additional patient up to a maximum of three, an extra nurse to be engaged if there is a larger number; travelling expenses to be paid.

Interesting People

Janet Neilson, pioneer public health nurse for the City of Toronto, was guest of honour of the Public Health Nurses' Association recently at a testimonial dinner when two hundred active and retired public health nurses and friends gathered to pay tribute to her thirty-seven years of service to the community.

Appointed as nurse for the first chest clinic in 1907, during the first four years Miss Neilson worked alone and with tuberculosis only. Her district was the entire city and part of the county. Under Dr. C. J. Hastings, the work of the Department of Health expanded rapidly and in 1914 Miss Neilson became a district superintendent, which position she held until her retirement in October 1944.

Miss Neilson has many tales to tell of her work during the early years. A fire having occurred at the sanatorium, many of the patients had to be removed to their homes. Among them was Sam, living in one of Toronto's poorest districts. He was so very ill that Miss Neilson felt obliged to remain with him each night from seven to twelve so that his wife could get some rest. Precisely at midnight, she heard the whistle of the policeman on the beat who had come to conduct her to the street-car. She also says that she wore a bonnet, brought to her from England by the late Miss Mary Agnes Snively, who insisted that Miss Neilson wear it on her night rounds.

A. D. Shilling

JANET NEILSON

The following illuminated address was presented to Miss Neilson in appreciation from the people of Toronto:

The Council of the Corporation of the City of Toronto issues this testimonial in grateful acknowledgment of your thirty-seven years of consistently meritorious service as a public health nurse in and for this municipality.

Appointed in October 1907, by the late Dr. Charles Sheard, then Medical Officer of Health, you served first at the tuberculosis clinic of the Toronto General Hospital. Among your multitudinous duties was home visiting often entailing considerable bedside nursing, extending not infrequently well into the night hours, and occasionally, all night. The number of those whom you have served is legion; they are those who, if they knew, would join with grateful hearts in the eulogy.

The profession of nursing has been described as having two sides, one of devotion and service, the other of science well applied. You have been a living exemplar of both, worthy of emulation in the highest sense. You have endeavoured through the imparting of your knowledge and, as needful, the application of your skill, to bring healthful living and an appreciation of its value to all with whom you came into contact, professionally or socially. Infancy and age alike have come within your ministry, the lowly and those of high estate. Incentive enough that they suffered or were borne down with problems or doubts and needed the care and advice that you were so competent to give. By your skill, your gentleness, your sympathetic understanding and your almost religious devotion to your sense of duty, you have brought light into dark places and have

in truth rightfully earned that greatest of all eulogies — Well done, thou good and faithful servant.

Miss Neilson has led a full life and has many rich memories. Now she will be able to rest and enjoy her garden, of which she is so passionately fond and in which she is somewhat of an expert. She plans, too, to do some volunteer work for a social agency. She hopes that it will be home visiting for she loves humanity even better than her garden.

Ella Mae Howard has been appointed provincial publicity director with the Alberta Association of Registered Nurses. Miss Howard not only carries on an active recruitment for nursing program among high school students and groups of women in the armed services, but also is emphasizing the importance of graduate nurses preparing themselves for positions of responsibility in hospitals and public health organizations. She works in close conjunction with **Marion Murray**, B.Sc. of the Holden Health Unit who has been loaned to the Association for a short time to act as instructor in health in the schools of nursing.

Gladys Josephine Sharpe, director of nurses, Toronto Western Hospital, is receiving many congratulatory messages — American, South African and Canadian — on her receipt of the Royal Red Cross, requested of the King by the South African Government, for her work as liaison officer at South Africa Military Nursing Service Headquarters, and on behalf of all nurses sent to the Union on military duty from Canada.

The citation reads, "and in your executive capacity as Matron of the Military Hospital, where you displayed great qualities of tact and resourcefulness in handling the many problems inseparable from employing nurses with such diverse backgrounds as Canadian and South African".

Helena Reimer, who has recently proceeded overseas with UNRRA, was head of the clinical teaching department at the

ELLA M. HOWARD

Winnipeg General Hospital prior to her departure. One of those well-qualified nurses who has taught school prior to entering upon her nursing career, Miss Reimer graduated from the Winnipeg General Hospital in 1937. Following graduation, she remained at her home school as head nurse and medical supervisor. In 1942 she took the course in hospital administration at the McGill University School for Graduate Nurses.

Elsie M. Tulloch has resigned as superintendent of the Carleton County L. P.

HELENA REIMER

Fisher Memorial Hospital in Woodstock, N.B., after eighteen years of service. In accepting her resignation the Board of Trustees paid tribute to the many years of faithful service. given to the institution.

Requirements of a Nurse, 1730 A.D.

Editor's Note: The following is an extract from part two "Of the Small-Pox" in Thomas Fuller's "Exanthematologia: or, an attempt to give a rational account of the eruptive fevers," London, C. Rivington, 1730, pp. 208-9; no. 2691 in the Osler Library:

Though it is impossible to meet with a nurse every way so qualify'd for the business, as to have no faults or failings, yet the more she cometh up to the following particulars, the more she is to be liked. It is therefore desirable that she be:

1. Of a middle age, fit and able to go through with the necessary fatigue of her undertaking.
2. Healthy, especially free from vapours, and cough.
3. A good watcher, that can hold sitting up the whole course of the sickness.
4. Quick of hearing, and always ready at the first call.
5. Quiet and still, so as to talk low, and but little, and tread softly.
6. Of good sight, to observe the pocks, their colour, manner and growth, and all alterations that may happen.
7. Handy to do everything the best way, without blundering and noise.
8. Nimble and quick a going, coming, and doing everything.
9. Cleanly, to make all the dresseth acceptable.
10. Well-tempered, to humour, and please the sick as much as she can.
11. Cheerful and pleasant; to make the best of everything, without being at any time cross, melancholy, or timorous.
12. Constantly careful, and diligent by night and by day.
13. Sober and temperate; not given to gluttony, drinking or smoking.
14. Observant to follow the physician's orders duly; and not be so conceited of her own skill, as to give her own medicines privately.
15. To have no children, or others to come much after her.

The Clinical Use of Penicillin

Penicillin succeeds in some infectious diseases where the sulfonamides would fail. It fails in certain diseases where the sulfonamides can be expected to succeed. It is capable of succeeding in a large number of diseases where the sulfa drugs would also succeed. It is essential, therefore, to know in what diseases penicillin should always be regarded as first choice; in what diseases the less costly and more easily administered sulfonamides should be tried first, with the idea of resorting to penicillin if they fail; and in what diseases the sulfa drugs are first choice, with no probability that penicillin would be of any benefit. It is not possible as yet to give complete and final answers to all these questions.

Up to the present, penicillin has shown no effectiveness in the treatment of tularemia or of diseases due to *E. coli*, *H. influenza*, *B. proteus*, typhoid and paratyphoid bacilli, dysentery bacilli, *B. pyocyaneus*, *Br. melitensis*, and Fried-

lander's bacillus. Against some of these organisms the sulfonamides are significantly effective. E. coli, for example, is highly susceptible to sulfathiazole or sulfadiazine. It is not only not susceptible to penicillin; it even appears to elaborate an enzyme which inactivates this drug. This eliminates at once as indications for penicillin therapy a large number of urinary tract and gastro-intestinal infections, such as appendicitis with perforation, certain cases of liver abscess, and a large number of infections of the urinary tract. Penicillin has so far been ineffective in tuberculosis, acute rheumatic fever, infectious mononucleosis, pemphigus, ulcerative colitis, malaria, poliomyelitis, blastomycosis, moniliasis, and other diseases.

Based on the investigations of the committee headed by Keefer, penicillin appears to be more effective than the sulfonamides in the following diseases:

1. All *staphylococcic infections* with or without bacteremia, such as, carbuncles—soft tissue infections; acute osteomyelitis; wound infections; meningitis; cavernous or lateral sinus thrombosis; pneumonia — empyema; carbuncle of kidney.

2. All *hemolytic streptococcic infections with bacteremia* and all *serious* local streptococcic infections, such as, cellulitis; mastoiditis with intracranial complications, i.e., meningitis, sinus thrombosis, etc.; pneumonia and empyema; puerperal sepsis; peritonitis due to streptococci.

3. All *pneumococcic infections* of the meninges; pleura; endocardium; all cases of sulfonamide-resistant pneumococcic pneumonia.

4. All cases of *clostridia infections*, such as, gas gangrene; malignant edema.

5. All *anaerobic streptococcic* infections, such as puerperal sepsis.

6. All cases of *sulfonamide-resistant* gonorrhea and all *gonococcal infections* complicated by arthritis; ophthalmia; endocarditis; peritonitis; epididymitis.

Physician's Bullletin (published by Eli Lilly and Company)

Educational Aid for Nurses in U.S.A.

Generous allowance for continuing their education, by enrolling in advanced or special programs of study, is provided veteran nurses of this war under the G. I. Bill of Rights.

Not only does the Bill provide for refresher or retraining courses for a period of one year, but also for an additional period of education or training, covering a maximum of three years.

The nurse has free choice of courses. She must, however, take them at an approved educational or training institution. The cost of tuition, laboratory, library, health, infirmary and other similar fees are provided for by the Bill, in addition to payment for books, supplies, equipment and other necessary expenses exclusive of living expenses and travel. "In no event" however, "shall such payments with respect to any person exceed $500 for the ordinary school year".

While taking a course as provided for in the G.I. Bill, a nurse may be paid a subsistence allowance of $50 per month if without dependents, or $75 per month if she has one or more dependents. No deduction will be made for regular holidays or for vacation not exceeding thirty days in a calendar year. An adjustment may be made in the amount allowed for subsistence, however, if the nurse is gainfully employed while taking the course. Application for aid should be made to the Administrator of Veterans' Affairs in the the area in which the nurse may be.

If a nurse is discharged from the Army or Navy Nurse Corps for disability, she is eligible for vocational rehabilitation under the G. I. Bill of Rights. Application should be made to the nearest Veterans' Administration Facility.

— *Exchange.*

STUDENT NURSES PAGE

The Battle of the Bath

JOSEPHINE A. SKELTON

Student Nurse

School of Nursing, Toronto Western Hospital

He bristled with belligerence. "What are you going to do?" Somewhat startled at such a direct approach I looked up from my struggles with a screen and met the suspicious gaze of my patient — a boy about twelve years of age. "A bed bath", I answered, being equally as direct. "Oh, no you don't—no you don't." Suspicion ripened into definite apprehension. "Nurse, SHE isn't going to bath me, is she?" The "she" was spoken in capital letters. A senior student, busy at the next bed, looked around the screen and remarked mildly, "Well, Billy, it looks as though she is." "No, I won't let her." He was vehement on the subject. "If I have to be bathed, I want you to bath me." "Why don't you want her to bath you?" "She's too small", he muttered after considering the matter. "I'll bet she couldn't even reach across the bed. I'm not going to let her bath me."

I nobly restrained the impulse to say "I have bathed larger patients than you, my son," and began to loosen the top bedding. "No, you don't." He was instantly alert and clutched the sheet determinedly. "What are you doing now?" "Why," I managed a fairly good look of innocent surprise, "just stripping the bed." He relaxed again. "Well, I guess you can go ahead, but you're not going to bath me, remember." Obeying his cautious permission I finished preparing the bed for the actual bath, following the routine mechanically while my mind was busy with the problem confronting me. How could I change his truculent attitude toward me? This, I realized, was certainly a time to apply psychology.

For centuries the delicate mechanism of the human brain—what we think, what we feel, what we do and why we do it—has presented a problem which has fascinated the scientists of every age, though this study has itself become a science only in recent times. The value of psychology in medicine has become increasingly apparent in its development from the "bedside manner" of the traditional family doctor to its present position in the studies of medical men and nurses. It is not strictly true that doctors are concerned with the science and nurses with the act of medicine exclusively, for these two fields meet on the common ground of applied psychology. Whether entirely natural or acquired, kindliness, quick sympathy and tacit understanding must be employed by both doctor and nurse if the patient is to have confidence in them and in himself. To assure this, the co-operation of all these is essential.

Co-operation! This, I realized, was what I must win from my patient. The question still remained, how was I to go about it? What approach would ap-

peal most to a boy's mind? I could go ahead grimly, but my work would then be performed under difficulties which would probably be accompanied by loud and resentful remarks of a disagreeable nature. I could be quiet and rigidly dignified seeking to subdue him, and thus win a passive acceptance of the bath. The last idea which suggested itself was the possibility of sacrificing dignity to some extent by blending it with the friendliness and informal spirit of camaraderie dear to the hearts of all young boys. There would have to be an answer for his every sally. Above all, I must not allow this young patient, whose name, by the way was unpronounceable, to upset me. "No, you don't." He eyed the wash-cloth to which I was now applying soap. "I told you I wasn't going to let you bath me. She isn't, is she nurse?" The nurse at the next bed turned and looked at us. Behind her mask I could see that she was thoroughly enjoying the situation, and the laughable side of it, which suddenly struck me, gave me courage.

With deceptive sweetness which I knew would not hoodwink the boy for one second, I bent over the bed and murmured, "What is your name again? I can't keep on calling you 'little boy' ". "Billy," he answered, then realizing the insult of my words, "and what do you mean 'little boy' "? "Well, you don't look any older than my little brother". "Aw, I'll bet you haven't got any brother at all". "On the contrary, I have five of them." I tried to keep my tone at the happy medium of pleasant jeering and faint boasting which would indicate my good intentions. "Five brothers." He thought for a moment. "Five brothers, well, I guess you might as well bath me."

It was almost too good to be true. I applied the wash-cloth to his face quick ly without stopping to determine how my five brothers had influenced his decision. On the whole, the bath was fairly peaceful with no major engagements in differences of opinions, though his questions were many and varied and my answers were not always entirely satisfactory. Half-way through the bath he sat up and indicating a few, scattered, red marks on his ankle asked what they could be. My inspiring remark was to ask the doctor.

His eyes widened. "How do you think he could cure things on legs? With medicine"? "Amputation of the leg," I said struggling to keep serious, "at the shoulder." He looked anxiously at my preternaturally solemn face. Slowly he began to smile. "All right, nurse, I'll be good. What do we do next?"

Perhaps I really had employed the right psychology, perhaps it was only luck, but at any rate the battle was over. From some hidden recess of my subconscious mind one single, unrelated line of poetry filtered through, "The citadel is taken, and the fortress attained."

Ration Test Concluded

The most extensive controlled ration test ever conducted using U. S. military personnel has just been concluded with highly satisfactory results. Major William Beane, M.C., of the Armored Medical Research Laboratory, Fort Knox, Ky., directed the test in co-operation with Major James Robinson, Inf., and Captain David Bell, of the R.C.A.M.C. American and Canadian expeditionary rations were used.

A battalion of American soldiers on manoeuvres at an altitude of 8850 feet above sea level in Colorado were fed exclusively on American ration C,K, 10 in 1, and Canadian mess tin B ration for a period of sixty days. During this time they were engaged in vigorous combat training.

At the conclusion of the test it was found that the troops were in better physical condition than at the start, with high morale. The rations were proven to be wholly adequate to sustain troops in vigorous combat. Certain items in the rations, however, were found to be less acceptable to the men than others, and these will be improved.

Office of the Surgeon General
Technical Information Division
Washington, D. C.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

The following nurses have been appointed temporarily to the Toronto staff: *Constance Collins* (Royal Victoria Hospital, Barrie, Ont.); *Donna Cowan* (Brantford General Hospital); *Mary Firth, Grace Sylvester,* and *Vera Marshall* (Toronto General Hospital); *Ida Goodchild* (Buffalo General Hospital, N.Y.); *Una Long* (Brandon General Hospital, Man.); *Dorothy Pope* (Hospital for Sick Children, Toronto); *Blanche MacDougall* (Women's College Hospital Toronto).

Jacqueline Blanchard (St. Joseph Hospital, Lachine, P.Q. and public health nursing course, University of Montreal) has been appointed to the Ste. Anne de Bellevue staff.

Verna Ryckman (Brooklyn Hospital Training School for Nurses) has been appointed temporarily to the Guelph staff.

Doris May Campbell, having been granted a Victorian Order scholarship, is on leave of absence from the Toronto staff to take the course in public health nursing at the University of Toronto School of Nursing.

Glenna Downey, Mary Elizabeth Kerswill, and *Florence Sinclair,* are on leave of absence from the Toronto staff to take the public health nursing course at the University of Toronto School of Nursing.

Fannie Cross has resigned from the Chatham staff.

Lucienne Boulanger has resigned from the Lachine staff to accept a position with the Department of Health in Montreal.

Emily Morrison has resigned from the Guelph staff to join her husband who has returned from overseas.

Ella Johnston has resigned from the Timmins staff.

Arminal Hay has been transferred from the Brantford staff to the Trenton staff.

Saskatchewan Public Health Nursing Service

One feature of the in-service staff education of nurses of the Department of Public Health is the bi-annual refresher course and conference. The autumn conference was held at the Legislative Building, November 27-28. The nurses were welcomed on behalf of the Department by Dr. C. F. W. Hames, Acting Deputy Minister.

Several nurses outlined special activities which they had introduced with success into their work in the districts. Those taking part in the program were: *D. M. Hopkins,* Regina; *M. P. Edwards,* Weyburn; *L. McColl,* North Battleford; *M. S. Langstaff,* Yorkton. The remainder of the time was devoted entirely to discussions of procedures and problems related to the work of the nurse in the district.

M. E. Pierce, formerly on the staff of the Division of Public Health Nursing, has been appointed epidemiologist with the Division of Venereal Disease Control.

D. M. Hopkins, Regina, has been appointed field supervisor in the Division of Public Health Nursing.

Ontario Public Health Nursing Service

Lillie Wark (Toronto General Hospital and University of Toronto public health nursing course) has accepted an appointment with the City of Toronto Department of Health. Until recently she has been a Nursing Sister overseas with the R.C.A.M.C.

Winnifred Walker (Toronto Western Hospital and University of Toronto public health nursing course) has resigned her position as public health nurse at Milton, Acton and Georgetown and has accepted the appointment of supervisor with the Guelph Board of Health.

Nancy Carroll (University of Toronto School of Nursing diploma course) has been appointed public health nurse for the town of Brampton.

Anna Oram (Toronto General Hospital and University of Toronto public health nursing course) has resigned her position with the Board of Health, Welland, because of ill health.

Helen Elliott (Hamilton General Hospital and University of Toronto public health nursing course) has left Cochrane to join the staff of the new Kirkland-Larder Lake Health Unit with headquarters at Kirkland Lake.

Lois Kelly (Washington Sanatorium and Hospital, Maryland, and University of Toronto public health nursing course), formerly assistant director, public health nursing, Winnipeg Department of Health, has accepted the appointment of public health nursing supervisor in the Porcupine Health Unit with headquarters at Timmins.

Gene Clark (Hospital for Sick Children and University of Toronto public health nursing course) has accepted the appointment of supervisor with the Peterborough Board of Health and resigned her position at Paris.

Mrs. Alice LaRush (Hospital for Sick Children and Department of Education course for school nursing), who has been on the staff of York Township Department of Health for many years has retired.

Isabel Black, provincial field supervisor for Northern Ontario, has recently attended "A Special Work Shop Course for Trainers of Teachers and Supervisors of Nursing in Nursing Schools, Hospitals and Other Community Agencies" at Teachers College, Columbia University.

Personnel Administration

"True efficiency can be attained only as men are stimulated and grow in accord with their potentialities".

Applied to nursing, this principle which is developed in *Characteristics of Democratic Administration* in the November 1944 issue of the *American Journal of Nursing* will not only ennoble human life but will result in a job better done.

"No student of human behaviour can fail to realize", the article points out, "that the service rendered to society by nurses who are alive, alert, co-operating as a significant and valued part of the institution which they help to compose, far surpasses the service which might be expected from disgruntled nurses or from those who blindly follow orders and decisions in which they have had no voice".

Ten characteristics of democratic administration are presented "as a synthesis of some experiences and thinking":

1. Human development of all related to the enterprise is a purpose common to all enterprises and democratic administration holds this purpose to the forefront.

2. Responsibilities for the planning and execution of the program are fixed; they are fixed in such manner that the principle of human development is not violated.

3. Rules and regulations are simple, adequate, and in written form, and are developed under the leadership of the administrator in co-operation with those who are governed by them.

4. Responsibilities are delegated in democratic administration.

5. The people have final responsibility for the determination of purposes and the broad policies to be followed.

6. The expert is recognized and properly used.

7. A democratic temper pervades the atmosphere.

8. Adequate, easily accessible records are kept and comprehensive evaluation is carried on co-operatively and continuously.

9. Desirable adaptation and modification are constantly sought.

10. Limitations are recognized and frustrations avoided.

—*The Nursing Information Bureau.*

R.C.A.M.C. Nursing Service

A conference, attended by all District Principal and Senior Matrons from across Canada, was held at the end of November at N.D.H.Q.

Lt.-Col. *A. C. Neill*, R.R.C., Matron-in-Chief, Canadian Military Headquarters, recently arrived in Canada on a liaison visit.

Lieut. (N/S) *Atala Coulombe* has returned to Canada to be Senior Matron of Military District No. 5, Quebec, and will be promoted to the rank of A/Captain (A/Matron).

Lieut. (N/S) *Marguerite McLean*, A.R.R.C. (Newport Hospital, Rhode Island, 1915) has been promoted to the rank of A/Captain (A/Matron) to be Matron of No. 6 Sub-section, Embarkation Transit Unit.

Lieut. (N/S) *E. Pearl Atcheson* (Kingston General Hospital, 1932) has been appointed Assistant to the Matron at Debert Military Hospital, and promoted to the rank of A/Captain (A/Matron).

Lieut. (N/S) *Ethel May Lowe* (Ross Memorial Hospital, Lindsay, 1933) has been appointed Assistant Matron at Rideau Military Hospital.

Lieut. (N/S) *Mary R. Upward* (Guelph General Hospital, 1937) has been promoted to the rank of A/Captain (A/Matron) and will be in charge of the operating room at Camp Borden Military Hospital.

Book Reviews

Canada's Chapel of Remembrance, by Charlotte E. Whitton, C.B.E. and Ella M. Thorburn, O.B.E. 64 pages. Published by Thorburn and Abbott Ltd., 115 Sparks Street, Ottawa, Ont. 1944. Price 50 cents.

Believing that the Memorial Chamber in the Peace Tower of the Parliament Buildings is, in fact or in spirit, the private chapel of proud and sorrowing memory for hundreds of thousands of Canada's bereaved in two wars, the authors of this booklet have sought to make available this little "vade mecum" for the pilgrim who would reinforce imagination or memory with the details of the Chamber's concept and structure.

Beautifully illustrated, with clear-cut photographs which show the detail of the various sections of the chapel with great distinctness, the accompanying legend explains the significance of each of the pictorial panels. For those who have had the opportunity of visiting the Chapel of Remembrance, this book will serve to refresh the memory of the austere beauty of the surroundings of the Altar on which reposes the book containing the names of "our nation's dead, who, in the three wars of this century, have rendered up their youth in far-off lands in witness to their faithfulness to the ideals of their own".

For those who dwell at such a distance from Ottawa that the opportunity of actually visiting the Chamber may be lacking or infrequent, it will show with simplicity and clarity, the Memorial which Canada has consecrated.

Nursing for Community Health, by Theda L. Waterman, R.N., B.S., C.P.H. 310 pages. Published by the F. A. Davis Company, Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2. 1944. Price $4.40.

Ever since the course in Community Health and Social Needs was incorporated into the approved curriculum of the schools of nursing in Canada, a search has been made by the instructors for suitable text-books on the student nurse level to supplement their lectures. Miss Waterman has provided a valuable addition to the list. She states in her preface, "The sooner students begin to think of their patients as people rather than as cases, the more likely they are to acquire the public health point of view".

Following an outline of the history

The Fetus, the Mother and Protein—

Numerous medical reports continue to stress the importance of adequate protein in the diet of the pregnant woman.

Recently Burke* and her associates have shown the importance of protein intake in the mother's diet during pregnancy, concluding that "from this study it would appear that from the standpoint of birth length, birth weight and general physical well-being of the infant at birth, the diet should be liberally supplied with protein during pregnancy."

To encourage the necessary increased intake of easily assimilable protein without the burden of excessive solid food, discerning clinicians suggest—

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*Burke, B.S., Harding, V.V. and Stuart, H.C.: Nutrition Studies During Pregnancy, Jl. Ped. 23: 506-515 (Nov.) 1943.

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of the development of a public health consciousness, the author indicates the significance of various medical and surgical conditions, such as heart disease, cancer, fractures and various orthopedic conditions. The community aspects of the communicable diseases, including syphilis, gonorrhea and tuberculosis are carefully studied as are also the problems of maternity, and infant and child health. A chapter is devoted to the opportunities to be found for the instruction so necessary to produce better habits of nutrition. Mental health, the practical application of the things the student has learned in her courses in psychology, is included. Her own importance as a teacher is stressed.

Following each chapter there is a series of questions for further study and an extensive reading list. The text is splendidly illustrated with both diagrams and photographs which greatly enhance its value. As is natural, all the statistics and agency references are American yet they can serve as a guide to the instructor of the type of information about the Canadian scene which she should secure in order to make her lecture periods worthwhile.

Foster Home Care for Mental Patients, by Hester B. Crutcher. 199 pages. Published by The Commonwealth Fund, 41 East 57th St., New York 22. 1944. Price $2.00.

The utilization of foster homes is a well-known practice throughout Canada for neglected children, for chronic or convalescent patients, but their use for mental patients has not been developed on any appreciable scale. Miss Crutcher's description of the plan which is working successfully in New York State opens up previously unexplored possibilities. This book will be of considerable interest to the nursing staffs of our mental hospitals as well as to public health nurses who, in some instances, might be called upon to assist the social workers in the supervision of these patients after they have been placed.

Miss Crutcher, who is director of social work, State of New York Department of Mental Hygiene, states the case for the development of these foster homes very clearly. "The deleterious effects of prolonged hospitalization on the individual personality have become more and more evident in recent years . . . Institutional life tends to reduce at best to passive indolence and at worst to bitterness and rebellion".

Foster family care is planned for those patients who are not well enough to return home or to earn their own living. Careful selection of the right type of home with kindly, intelligent caretakers is essential and a chapter is devoted to the description of the type of home that is desired. Since, in the hospital, the environment is limited largely to the small group on the ward, the patient has to learn to adjust to the relative freedom of a private home. "The majority make good adjustment and some who seemed at a standstill in the institution show definite improvement." The patients "profit from the individual attention which comes with family life".

Supervision by psychiatric social workers is provided on the basis of approximately sixty cases per worker. The total weekly cost in New York is estimated at $6.95 per patient as against the average of $14 per week in the mental hospital. On the grounds of economy, also, therefore, it seems a desirable plan. Miss Crutcher discusses the reasons why the plan has not been more widely put into effect and outlines a series of case histories to show the results which have been obtained.

The Baby Manual, by Herman N. Bundensen, M.D. 573 pages. Published by Simon & Schuster, Inc., 1230 Sixth Ave., New York City 20. Price $3.50.

Reviewed by Harriette S. Wilson, Public Health Nurse, Kitchener, Ont.

While this manual is primarily addressed to mothers many public health nurses will find it almost as valuable as a refresher course. The foreword by Thomas Parran, M.D., Surgeon-General United States Public Health Service, is interesting and refreshing. It explains that the book is based on the experiences of Dr. Bundensen during twenty years, and is "the quintessence of the wisdom of our country's leading obstetricians and pediatricians".

ANTISEPSIS

The testimony of the medical press

The first paper on 'Dettol' was published in 1933.* It dealt with only one property of this new antiseptic — its bactericidal power against hæmolytic streptococci; and only one application of this property — the prevention of puerperal infections. In this paper, 'Dettol', on the basis of an investigation at London's great maternity hospital, Queen Charlotte's, was described as more effective than any antiseptic hitherto used in obstetric practice. Within a few months of its adoption as the routine antiseptic, the incidence of maternal infections had fallen by over 50 per cent.

Many confirmatory papers followed, and in a few years it became evident that the uses of 'Dettol' were virtually co-extensive with the whole field of antisepsis. Clinical and laboratory investigations alike attested to the dependability of 'Dettol' in all the contingencies of practice — surgical, medical and obstetric — that called for an antiseptic combining effective bactericidal activity with gentleness to sensitive and wounded tissues, even at full strength.

'Dettol' applied to the patient's skin has been found to confer immunity to reinfection by *Strep. pyogenes* for a period of hours. In the treatment of injuries it has an established place, both because of its sustained activity in the presence of blood and other organic matter and because, unlike the irritant and corrosive phenols and cresols, it leaves the natural mechanisms of healing unimpaired. In conditions calling for repeated antiseptic application it has the advantage that 'Dettol' is non-toxic and, unlike iodine, can be repeatedly applied to the skin. In midwifery practice the 'dettolising' of patient, nurse and practitioner alike has become the most generally practised antiseptic routine.

The special claims of 'Dettol' rest not on one quality alone, but on a combination of qualities to which attention has been repeatedly drawn in papers in the medical and scientific press; above all, on a high bactericidal power against a diversity of organisms (including *Strep. pyogenes*, *Staph. aureus*, *Bact. coli*, and *Bact. typhosum*), non-toxicity, and harmlessness to tissues. Because 'Dettol' embodies in high degree these minimal requirements of a general-purposes antiseptic, it has virtually superseded every other antiseptic in the hospitals of Great Britain; and, because it is so safe and dependable, practitioners never hesitate to recommend it to their patients as the ideal antiseptic for their personal use in the home.

* *Brit. med. J.*, 1933, **2**, 723.

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The manual is divided into four parts: pre-natal care, care of the baby, the premature baby, and the first two years. While a great deal of the book is necessarily 'old stuff' to the public health nurse, yet as one reads there is revealed a modern viewpoint.

The father-to-be is advised to see that his health is good, and he should have a blood-test, smear, and urinalysis. There are well-graduated exercises for the mother beginning two weeks after delivery, if allowed by the family physician. The baby's time-table is not too rigid and the advice on retaining the breast milk and on manual expression is clear and concise. The author explains how to figure out the milk-mixture when the baby is both breast-fed and bottle-fed, how to wean the baby, and gives also the symptoms of communicable disease with the incubation periods.

A good deal of the fourth part may seem to be a repetition of what has gone before but the questions are those being continually asked of the public health nurse at the clinic and in the home.

The illustrations are of the best, especially those on the home-made abdominal support, and on the manual expression of breast milk. This book would be a valuable addition to the public health library as well as a guide to mothers who want to know not only what to do for the baby but why.

A Manual of Physical Therapy, by Richard Kovacs, M.D. 309 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2, 1944. Price $3.75.

Reviewed by J. K. Mullenger, Physiotherapist, Victoria General Hospital, Halifax.

An up-to-date treatise on the subject of physiotherapy, in which each branch of the subject is carefully and fully explained so as to leave no confusion in the mind of the reader. Students of physiotherapy will find this manual a valuable aid as a reference and guide. Nurses would get a greater insight into the work of the physiotherapy department which would enable them to work in closer co-operation with therapists.

NEWS NOTES

BRITISH COLUMBIA

Fort George Chapter:

Five hundred miles north of Vancouver and Victoria, on the outskirts of the Cariboo Country, is the city of Prince George. To us nursing here it was like a breath of fresh air to have a visit from Mrs. Edith Pringle, deputy inspector of hospitals. It is true we did see Mrs. Pringle make a careful inspection of every nook and corner of our hospital, with notebook and pencil handy, but this did not concern us much. As staff nurses we enjoyed her at luncheon and found her completely human.

At a special meeting of the Fort George Chapter, R.N.A.B.C., Mrs. Pringle was the speaker and impressed us all with her breadth of understanding and her insight into so many problems which confront hospitals and nurses today. We were particularly interested in her attitude toward the care of the aged in the community and in her appeal for persistent work on the part of the nurse in influencing mothers in our maternity wards to do their best for their babies.

A large number of associate members were present and to them Mrs. Pringle spoke of the value of their continued interest in nursing. She made us all feel wanted by the executive bodies and told us of the particular interest of our Honourable Minister, Mr. Pearson, in nursing conditions of today. Mrs. Pringle urged us to keep growing in strength as a Chapter and so be able to voice our opinions and be ready when called upon to back the Association in its efforts to maintain the standards of the Registered Nurse, and thereby continue to give the best possible service in this Province.

MANITOBA

At a regular meeting of the Brandon Graduate Nurses Association held recently at the Mental Hospital, the speakers were Drs. Schultz and Evans, who gave a symposium on their work in neurosurgery, accompanied by illustrated slides.

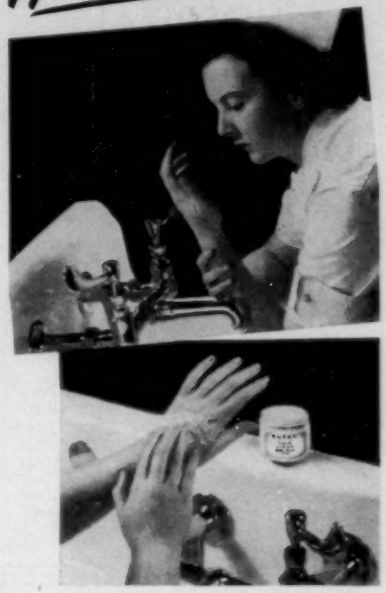
The usual business meeting was held with reports from the various groups. Miss Wilkes reported that $560 had been realized from a tag day held during Cancer Week, which was sent to headquarters in Winnipeg.

NEW BRUNSWICK

Moncton:

At the recent annual meeting of the Moncton Chapter, N.B.A.R.N., very interesting reports were received from the various committees, showing an active year. Sufficient articles for eleven layettes have been made and donated to the Red Cross for over-

Hands on the Job



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Miss Caroline Barrett, R.N., Supervisor of the Women's Pavilion, Royal Victoria Hospital, Montreal, P. Q.

or

Miss F. Munroe, R. N., Superintendent of Nurses, Royal Victoria Hospital, Montreal, P. Q.

TORONTO HOSPITAL FOR TUBERCULOSIS

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THREE MONTHS POST-GRADUATE COURSE IN THE NURSING CARE, PREVENTION AND CONTROL OF TUBERCULOSIS

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Salary — $80 per month with full maintenance. Good living conditions. Positions available at conclusion of course.

For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

seas mothers and babies. A number of articles for service personnel have also been made for the Red Cross. The Association sent during the year 6400 cigarettes to members of the armed forces overseas. Nurses have assisted every week at the desk of the Y.M.C.A.

The Association voted $50 to the Moncton War Services Committee to help in their work of providing comforts for passengers on hospital trains passing through Moncton. In the Seventh Victory Loan drive the Association purchased a $100 Bond.

The registry for private duty nurses has now been operating since June, 1944, with Myrtle Kay as director. Miss Kay has been appointed to represent the Chapter on a Nurses Placement Bureau that has recently been organized by the N.B.A.R.N. with headquarters in Saint John.

ST. STEPHEN:

The annual dinner of the St. Stephen Chapter, N.B.A.R.N., was held recently in the Chipman Memorial Hospital with a large attendance. Miss Margaret Pringle, the guest speaker, spoke on "Nurse Placement Service". It was voted to purchase a $50 Victory Bond.

The officers for the coming year are as follows president, M. Dunbar; first vice-president, C. Boyd; second vice-president, N. Spinney; secretary, T. Briggs; treasurer, Mrs. Ralph Rogers; nominating committee, N. Spinney, C. Dowling.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

DISTRICTS 2 AND 3

STRATFORD:

The re-organization meeting of the Stratford General Hospital Alumnae Association was held recently, and the following officers were elected: president, Mrs. B. Ische; vice-president, Miss Thistle; secretary, Mrs. May Dodds; treasurer, M. McMaster; committee conveners: social, V. Fryfogle; flower, Miss Stewart, program, M. Murr.

It was decided to have a Christmas party, in the form of a dance, to be held in the middle of December.

DISTRICT 5

A well-attended regular meeting of District 5, R.N.A.O., was held recently in Toronto. The members divided into a General Nurs-

ing and a Public Health group for supper meetings and joined later for the evening session. Miss Pearl Morrison, the president, was in the chair and gave an illustrated talk on the highlights of the C.N.A. biennial meeting at Winnipeg. The second half of the program was in charge of the Private Duty group and the speaker was Captain A. C. Traynor, R.C.A.M.C., who told of his experiences with the troops in Italy. Student nurses from St. Michael's Hospital School of Nursing danced in Highland costume and a social hour followed.

District 6

At the annual meeting, held in Peterborough, with Mrs. E. Brackenridge presiding, reports were given of the activities which have been carried on with a reasonable degree of success for the recruitment of student nurses. The private duty nurses have loyally come to the support of the hospitals which are experiencing staff shortages, each nurse giving at least two months of this type of service. Revised private duty rates were put into effect in Peterborough. Continued activity was reported by the public health section.

Miss Gladys Sharpe was guest speaker at the evening session following a most enjoyable banquet. She described her experiences as a nursing sister in South Africa. She recalled interesting points about the trip which included a stop-over at Trinidad. She told of the opening of a new hospital in Johannesburg, with forty-eight wards, each with thirty-six beds.

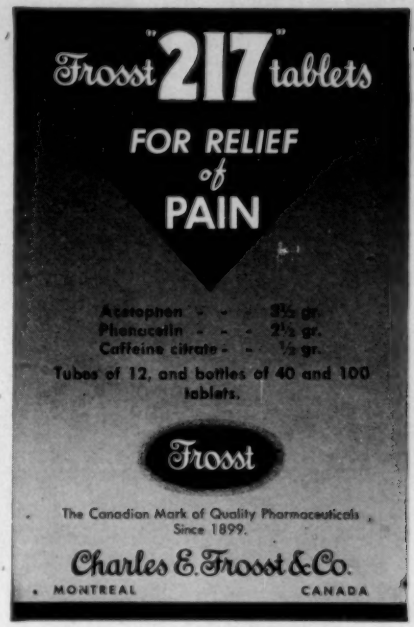
The slate of officers for the ensuing year was as follows: chairman, Mrs. E. Brackenridge; first vice-chairman, Mary Ross; second vice-chairman, Janet Graham; third vice-chairman, Aileen Flett, secretary-treasurer, Anna Lynch; conveners: hospital and school of nursing, Rev. Sr. Benedicta; public health, Helen Furlong; general nursing, May Stone; membership, Maribelle Mackenzie; finance, Lois Stewart; nominations, H. Talbot, Miss Porter, H. Strath; representative to *The Canadian Nurse*, Mrs. H. Cole.

District 7

KINGSTON:

Ontario Hospital:

For some time the graduates and training school staff have felt the need of an Alumnae Association and with this end in view as many of the former graduates as could be located met in the commonroom at Leahurst to elect officers and draw up the constitution. The officers elected were: president, Mrs. Wm. Newman; vice-president, Mrs. M. Lumb; secretary, Mrs. N. Ferguson; treasurer, Mrs. J. B. Garvin; committees: social, Mmes. H. E. Mills, M. E. Whire, B. Greenwood, Miss E. Seagrove; visiting, Mmes. O. Morris, J. B. McQuay, W. Quinn; councillors, Mmes R. Roach, P.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District 8

Cornwall:

At a recent meeting of the Hotel Dieu Hospital Alumnae Association three new committees were formed to deal with new projects to be undertaken during the coming year.

First, a group to study occupational therapy, with the purpose of introducing it into the hospital on a practical basis, has been formed. This group, comprised of twelve members of the Association, will study the methods used by Louis J. Haas, F.A.A.O. T.R., as explained in his book "Practical Occupational Therapy". A second group has volunteered to form the nucleus of a volunteer nursing group to aid in the hospital during the present crisis regarding nursing service. A third committee will collect and re-distribute reading material to be used in the hospital and also to send to the boys overseas. Isobel MacDonell is the convener and all contributions will be gratefully accepted.

District 9

The twentieth annual meeting of District 9, R.N.A.O., was held recently in Sudbury with the chairman, Miss Katherine McKenzie, presiding. Members from Timmins, Kirkland Lake, New Liskeard, North Bay, Gravenhurst, and Bracebridge, including chapter representatives, attended. Mr. Thompson, acting mayor of the city, extended greetings to the guests. Miss A. Walker welcomed the visiting nurses on behalf of the Sudbury Chapter. Reports of Chapters and sections showed growth and development and the financial affairs of the district as satisfactory. There was an increase of twenty-seven members in the District.

Dr. H. M. Torrington, president of the Ontario Medical Association, was the guest speaker at a very enjoyable luncheon and at the afternoon session Mrs. H. Cullen addressed the nurses on "Women in the Post-War Period".

A presentation was made to the retiring chairman, Miss McKenzie, and the new chairman, Miss Sigrid Laine, was welcomed.

The graduating class of St. Joseph's Hospital were guests of the Sudbury Chapter at the dinner meeting. Miss Margaret Dulmage gave a very interesting and informative account of the work of the Red Cross in Ontario.

The following officers were elected for the coming year: chairman, A. Sigrid Laine, Kirkland District Hospital; first vice-chairman, A. Walker, Copper Cliff Hospital; second vice-chairman, R. Densmore, Sault Ste. Marie; secretary, Dorothy Lemery, Kirkland Lake; treasurer, Jean Smith, Muskoka Hospital, Gravenhurst.

SASKATCHEWAN

MAPLE CREEK:

A very pleasant luncheon was held recently by members of the Maple Creek Chapter, District 5, S.R.N.A., on the occasion of the travelling instructor's visit to Maple Creek. Miss Guillod, superintendent of the hospital, presided as hostess, and in a very gracious speech expressed the thanks of the Local Chapter for the discussion groups which had been held. Those present were Mmes Armstrong, A. Fleming, Dixon, L. Fleming, Quick, Dawson, Brooke, Misses Stockdale, and Giles. This meeting was very enlightening as to the ability of the nurses of Maple Creek and of the wonderful spirit of helpfulness which the married nurses are displaying.

SASKATOON:

At the November meeting of the Saskatoon Chapter, S.R.N.A., much enjoyment was caused by a cleverly enacted pantomime presented by student nurses from St. Paul's Hospital. The "heroine" of the play was a young student nurse home on vacation. Many hilarious scenes were presented and the fact that no lines were spoken added much to the merriment. The program also featured vocal solos by a student nurse from the City Hospital. Lunch was served by members of the program committee.

A recent meeting of the Saskatoon City Hospital Alumnae Association took the form of a "Dutch Auction". Many delicious articles of food were "knocked down" to lucky bidders. Student nurses, ably assisted by the president, Miss M. R. Chisholm, were the capable auctioneers. Members enjoyed this departure from the usual routine meeting and the coffers of the Association were swelled by the proceeds.

YORKTON:

The graduate nurses of Yorkton recently called a special meeting to consider the organization of a Yorkton Chapter, S.R.N.A. Mrs. Kate Chapman (Hunt) presided and the registrar of the S.R.N.A. spoke on the proposed re-organization. Reference was made to the valuable work done by Yorkton Volunteer War Service Association since the outbreak of war. However, the consensus of opinion was that members of this association give their support to the formation of a Chapter as a more permanent type of organization.

The splendid assistance given by married nurses in this District, as well as many others in the province, was also apparent. As our travelling instructor says. "We owe much to married nurses, and in expressing appreciation must not forget the husbands and grandmothers who come to the rescue and help out by accepting responsibility for some of the household duties. For even mothers are human and cannot be in two places at once".

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WANTED

An **Assistant** to the **Superintendent of Nurses** is required by the **Sherbrooke Hospital.** Applicants must also be able to assist with the instruction for a rapidly-expanding English School of Nursing. Position available **immediately.** Apply, stating qualifications, experience, and salary expected, to:

Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.

WANTED

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Miss Helen G. McArthur, Superintendent of Public Health Nurses, 218 Administration Bldg., Edmonton, Alta.

WANTED

Applications are invited from **Registered Nurses for General Duty: Salary,** $75 per month, with full maintenance; for permanent Night Duty, $85 per month. Apply to :

Mrs. E. M. Wright, Superintendent, Brome-Missisquoi-Perkins Hospital, Sweetsburg, P. Q.

WANTED

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Superintendent of Nurses, Royal Victoria Hospital, Montreal, P.Q.

WANTED

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